## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

130.0

#### CERTIFICATE OF DEATH

13014

1003			CENTITIO	ALL OI D	LAIII			7 0	11 1 2		
a. COUNTY	Washingto		MARYLANI	a. STATE		Where dece	ased lived, if institu b. COU	MTM .	nce before		n)
b. CITY OR TOWN write RURAL or	(If autside carparate limit nd give nearest tawn)		c. LENGTH OF STAY IN 16	c. CITY OR			rate limits, write RU	IRAL and gr	ve neores	fown)	
	Magershou		46 yrs.		- 0	ersto	wn			21	-/
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in hospital, g	ive street oddress)	d. STREET						ON A FA	
Wasi	hington Cour	sty Hosy	pital		315	€.9r	eanklin S	t.			NO X
NAME OF	- "	rst	Middle	Last		4. DATE	Mar		Day	Yec	ır
(Type or print)	901	m	Marshall	ALL	en	DEATI	H Septem	ber	24	196	7
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B			9. AGE (In years	IF UNDER	1 YEAR	Hours	
Male	White	WIDOWED	DIVORCED [	Oct. 27	,1890		Jast birthday) 76 yrs.	MOUMIS	Doys	HOURS	Min.
	N (Give kind of work dane	10b. KII	ND OF BUSINESS OR	11. BIRTHP	LACE (County	& State, or f	oreign country)	12. 0	ITIZEN OF	TAHW	
luring most of working	Lection	INI	Hircraft	Berk	leu S	prina	is, W. Va.		OUNTRY?		
3. FATHER'S NAME					R'S MAIDEN						
	George W	illian i	Allen		Sar	ah El	len Mill	et			
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. INFORMANT			Addr E.Grankl	ess Haa	ersti	own_(	ld_
(Yes, na, arunknawn)	(If yes give war ar dates o	of service)	4-09-5618	In Care	41100	211	5 Granhl	in St			
	DEATH (Enter only one cou			rand erm	incer	, 112	( ) runco	Ur Or		RVAL BET	
	ATH WAS CAUSED BY:		111		occlu	4 + 4 + 4	with			SET AND D	
22201	IMMEDIATE CAUSE		ute erro	1	ocen,	-111	CK CK		+		
Conditions, if on	DUE	10	1 1 1	Down +	Janua	T	1.5				
rise to immedia	ta couse (a)	(b)	Muscles	tic 1	reory	U Ø	werase-		-		
stating the und	erlying cause DUE										
iost.	,	(c)							1		
PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE CON	NDITION GIV	VEN IN PART I(a)			WAS AUTO PERFORM	PSY ED? NO X
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature	at injury in	Part I ar Pa	art II of item 18.)				
Haur'a	JURY Month, Day, Year .m. 19	20d. IN While at work	Not While	PLACE OF INSURY factory, street, aff			(City or town)	(Co	ounty)	(	Stote)
21. I cert	ify that (1) (this has	pital) attend	ed the deceased from	n 24	Dept 1	967.	10 dest	14, 19.	, th	at (I) (s	ve) la
	deceased alive on_						M, fram causes				
220. SIGNATURE				M.D. PHYS.	eg 💢	MED. DIRECTOR	STAFF D	22b. I	DATE SIGN	ED	
22c. PHYSICIAN' NAME Type		tauffer	e, M.D.	22d. A		os pec	t St. Hag	gersto	own.,	Md.	
23a. BURIAL, CREMAT	ION, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY		23d. L	OCATION (City or To	own)	(County	(S	tote)
REMOVAL (Specif	9/28		Rose Hill		щ	Ha	raerstown	-Wash	,		
24. FUNERAL DIRECT		H0201	ADDRESS		. Z2a. E.	P B	1848 967 25b.	COAR	MAIU	uda	6
ROAT Idas	100 Junoral	Chanal	Hocaratou	we Md	DATE	., .			1	0	

Light poper. Pages 1 within 72 Hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the furn director, page 3 should be detached for use as the burial-transit permit. Then please remove cappen pages, Pages 1 a Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after d TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

a. 00.	L 3L		CERTIFICA	TE OF DEATH		I.	3015
PLACE OF DEA     a. COUNTY	TH Washington		MARYLAND	DIATE O	E (Where deceosed live faryland	d, if institution: Re b. COUNTY	sidence before admission) Washington
write RURA	VN (If autside corporate limits . and give nearest town) agerstown		c. LENGTH OF STAY IN 1b  2 days		autside corparate limi Rural Smit!		give nearest tawn)
	SPITAL OR INSTITUTION (If no			d. STREET ADDRESS			e 15 RESIDENCI ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	aphington Co.  Fir	st	Middle Mae	lost Bachtell	4. DATE OF	Month	Doy Year 18 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	lost	pirthday) Mant	IDER 1 YEAR   IF UNDER 24 F
during most of war	White ITON (Give kind of work done king life, even if refired) ewife	10b. KIN	D OF BUSINESS OR USTRY		nty & Stote, or foreign co		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Clar	ence Moser			14. MOTHER'S MAIDE Susar			
(Yes, no, or unkna	DEVER IN U.S. ARMED FORCES? wn) (If yes give wor ar dotes a DE DEATH (Enter anly one cou	f service)	- M	7. INFORMANT	Needy	Address Smithab	ourg R.D.3, 1
rise to imme	IMMEDIATE CAUSE Ony, which gove diote couse (o), underlying couse	10 atri	al fili	llation Card	love	les als	6 mg.
PART II. OTH	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN P	ART 1(o)	19, WMS AUTOPSY PERFORMED? YES P NO
OR CONTRIBU	WAS UNDERLYING  TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCCUR	ED. (Enter noture of injury	in Part I ar Part II of	item 18.)	
20c. TIME OF	INJURY Month, Day, Yeor r'a.m. 19	20d. INJ While ot wark	Nat While	PLACE OF INJURY (Hame, f foctory, street, affice bldg., e		or town)	(County) (State
saw th	ertify that (1) (this has e deceased alive an	oitel) attende	ed the deceosed from 1967, and	that deoth occurred	, 19 60, ta at 300 AM, fran	n causes and a	19 <u>6</u> /, that (1) ( <del>we</del> ) in the date stated ab
22a. 81GNAT	carles G.	7/		M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.   221	P-18-67
22c. PHYSICI NAME (	Ype)				hsburg	, und.	
23a. BURIAL, CREA REMOVAL (Sr Buri	edfy) 9/20/	1967	23c. NAME OF CEMETERY  Bethel  ADDRESS		Lantz	(City or Tawn)  Freder	
24. FUNERAL DIE	elter of Hu	7.03	Waynesbero,		EP 19 196	25b. REGISTRA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Jeoth certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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Trembe William W Nov. 28, 1870 Vo

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No. 17 good Nody Saltageon 1.0.5, 15.

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# fter death. Page 4 rould be filed with funeral directar TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour may be retained. The haspital or attending physician. TO FUNERAL DIRE. R. After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

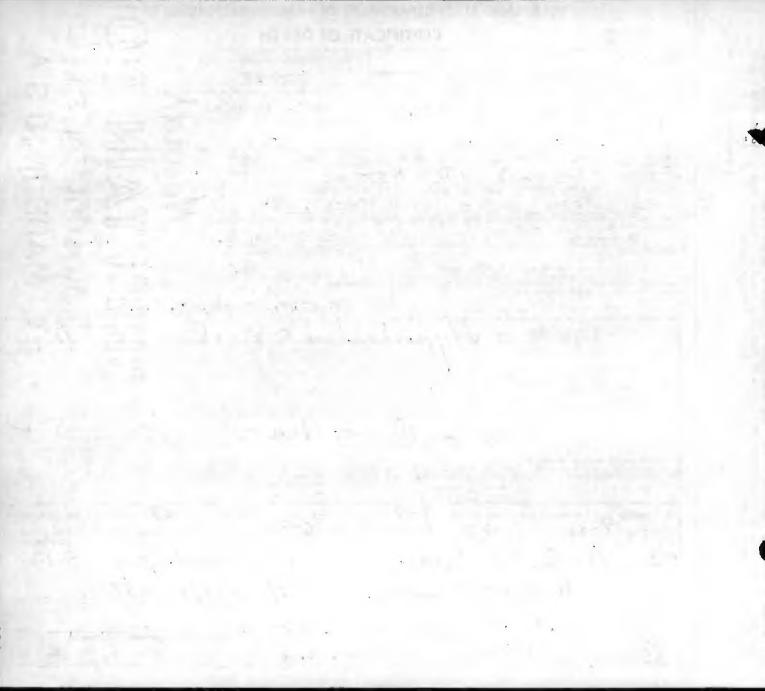
VS A1S (4) 1SM 9/S8 I.

13012

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

13016

LUULE	41111107		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased ling. STATE Marvland	ved. If institution: Residence before admission) b. COUNTY Washington
	GTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate	e limits, write RURAL and give nearest tawn)
Hagerstown 1	11 yr.	Rural Cascade	e, IS RESIDENCE
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Friendship Manor Home		d. STREET ADDRESS R.D. #1	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Cruso R, /	3 a Ke	Lost 4. DATE OF DEATH	Manth Day Year 9 - 9 19 6
S. SEX 6. COLOR OR RACE 7. MARRIED 1	NEVER MARRIED		AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HR: last bigthday)   Manths   Days   Hours   Min.
Female White WIDOWED	DIVORCED 🗌	March 4, 1881	86 yes. Maintis Days Fluors Min.
<ol> <li>USUAL OCCUPATION (Give kind of work dane lob, KIND OI during most of working life, even if retired)</li> </ol>	BUSINESS OR INDU		
Housewife	444	Franklin Co, Pa.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Knigh		Sadie	Burkholder
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) [If yes, give wor or dates of service]	SECURITY NO.	NFORMANT	Address
No	Ke	enneth Baker, Cascade	Md. R.D.# 1
gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CIFETHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HO	as Die	v. of Heart	YES NO
	W INJURY OCCURRE	D. (Enterpature of injury in Part I or Part II	af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d, INJURY O While No at work at at	nt whilefa	ACE OF INJURY (Hame, form, 20f. (City arctary, street, affice bldg., etc.)	tawn) (Caunty) (State
21. I certify that I ottended the deceased from	m9-23		, 19.6. That I last sow the decease
olive on 7-6, 1967	, and that death	occurred a PM, from the	e causes and on the date stated above
ACTUAL SIGNATURE KOKENT P. E	oured	ADDRESS (Street	ot, city or lown, state) DATE SIGNI OShington 9-9-6
PHYSICIAN'S ROBETT?	COTTY	ad Hager	stown, ITId.
REMOVAL (Specify)	IAME OF CEMETERY C	or CREMATORY 22d. LOCATION Cometery Fairfi	ON (City, lown, or county) (State)
	DDEESS	24a. REC'D BY REGISTRA	
Clarence E. Wilson	Emmits	burg, Md DATEED 1 2 19	1001 1 1 1 10
Clarence T. Wilson		03 200	



3013

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	3	5^	6	phy
1	3	30	3	2

). PLACE OF DEATH o. COUNTY	Washingto	MARYLAND	2. USUAL RESIDENCE (Where do	eceosed lived, if institution: R b. COUNTY(	desidence before odmission)			
b. CITY OR TOWN write RURAL o	(If outside corporate limits, and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Williamsport					
	PITAL OR INSTITUTION (If not in I	- N	d. STREET ADDRESS	aporoc	l e. IS RESIDENCE			
	Washington Cou		R#2		ON A FARM? YES NO			
3. NAME OF DECEASED	First	Middle	Lost 4. DA		Doy Year			
(Type or print)	Jacob	Edgar	Beckley St. DE	ath deplem				
S. SEX Male		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 15, 1894		UNDER 1 YEAR IF UNDER 24 HRS.  nths Days Hours Min.			
10o. USUAL OCCUPATE	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State,		12. CITIZEN OF WHAT			
Si	lk Weaver	INDUSTRY Jextile	Washington (		USA ?			
13. FATHER'S NAME	0 110			2 /44 . 2 4				
IS WAS DESCRICED.	Grank H.Bec		Amanda A					
(Yes, no, or upknown	VER IN U.S. ARMED FORCES?  (If yes give wor or dotes of serv	ireV	INFORMANT	Address				
No			rs. Myrtle Beckle	ey R#2 Wil				
18. CAUSE OF	DEATH (Enter only one couse pe EATH WAS CAUSED BY:	r line for (a), (b), and (c).)			INTERVAL BETWEEN			
1146	IMMEDIATE CAUSE (o)	Vremie		100	702/9			
Conditions, if or	DUE TO	11 1/200	1		5-10-			
nse to immedi	ote course (o)	Nemvore	levosis		197			
stoting the und	derlying couse DUE TO	1						
last.	(1)	BUTTO TO BELLE BUT AND DELLER T	THE TERMINAL PROPERTY CONSTITUTION	Otton the paper of a	TID WAS AUTODOV			
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
OR CONTRIBUTION	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICALEXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or	r Part II of item 18.)				
A Hour	NJURY Month, Doy, Yeor o.m. p.m. 19		LACE OF INJURY (Home, form, 2 actory, street, office bldg., etc.)	Of. (City or town)	(County) (Stote)			
1	tify that (1) Ohis haspital deceased alive an	attended the deceased fram_ 1962, and the	at death accurred at 32		an the date stated abave.			
220. SIGNATUR	Mells	u Bot	M.D. ATTENDING MED.	STAFF -	2b. DATE SIGNED 9-14-67			
22c. PHYSICIAN NAME (Typ		urkit	224 ADDRESS / 1301	usport	Md.			
230. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d	L LOCATION (City or Town)	(County) (State)			
REMOVAL (Speci	al	, Rest Haven	Cemetery Ho	aerstown Wa	shinaton Md.			
24. FUNERAL DIREC		ADDRESS	25o. REC'D BY REC		AR'S SIGNATURE			
Rest H	aven Funeral (	hapel Hagerstown	DATE SEP	1901 100	iones judge			

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. 10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the fer director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

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	San renSSS		- 533.05	
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	au a agrandesi e, u,		1500	
	And I should be late		e Tarabash	
	rad velkel ship on	so the		
1385				
			11/2/13	
		. 10	1	
		- 17-1		
		7.14	a call	
all property				Jane
	and the Section of th	mate and brook	Lineager, vari	

FOR STATE HEALTH DEPT.

O DEPUTY MES. FXAMINER: This certificate should be executed within 24 hours after death. If any delay coessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department to Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MES.

VR ALSME

# MARYLAND STATE DEPARTMENT OF HEALTH 130 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13018

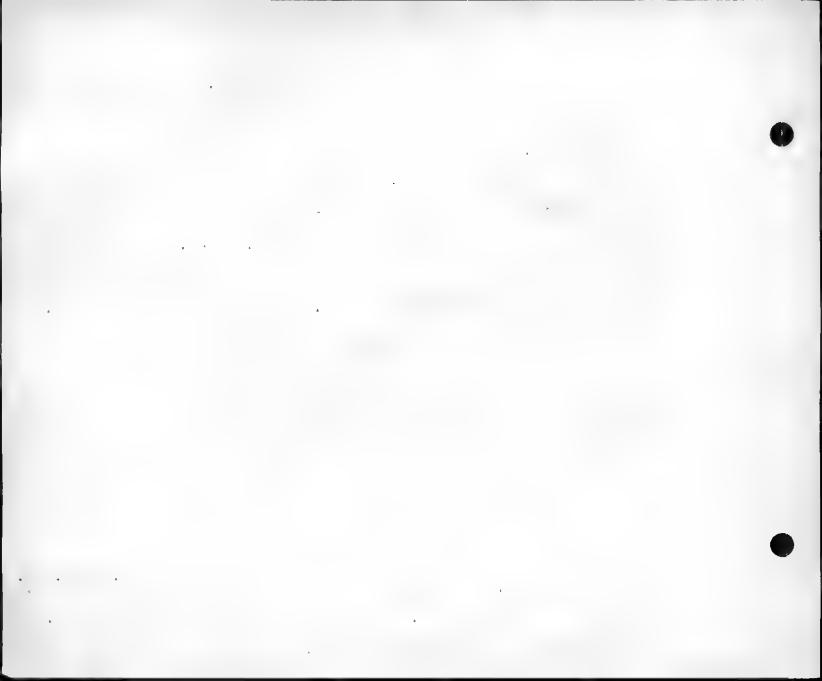
1. PLACE OF DEATH				ENCE (Where deceased		esidence before admission)
	WASHINGTON	MARYLAND	a. STATE	MARYLAND	b. COUNTY BA	LTIMORE_
	N (If outside corporate limits, and give nearest town)	C. LENGTH OF STAY IN 1D	c. CITY OR TOWN	(If outside corporat	e limits, write RURAL	and give nearest town)
	RSTOWN	1 DAY		BALTIMORE		30-4
d. NAME OF HOS	PITAL OR INSTITUTION (If not In be	ospital, give street address)	d. STREET ADDRE	SS		6. IS RESIDENCE ON A FARM?
	CE MOTEL		3226 C		AVENUE	YES NO X
3. NAME DF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	CHARLES	HARRY	BENNETT	DEATH	SEPTEMBER	18, 19 67
5. SEX	6. COLOR OR RACE 7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years   IF UNDER t birthday)   Months	Days Hours   Min.
MALE	WHITE WIDOWED		SEPTEMBER	24,1911	55 yrs.	
10a, USUAL OCCUPAT	ION (Give kind of work done   10b. King life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE	E (State or foreign c	ountry) 12, Cl	TIZEN OF WHAT
ENGINE	ER STA	TE ROADS COMM.	PHILADELI	PHIA, PENNS	SYLVANIA.	U.S.A.
13. FATHER'S NAM	E		14. MOTHER'S W	MAIDEN NAME		
	S M. BENNETT		ISABEL	BELLE		
15. WAS DECEASED E	EVER IN U.S. ARMED FORCES? 26. (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		3226derIFTM	ONT AVENUE,
No yes	WW2***	NONE MR	S. IDA V.	RENNETT, I	BALTIMORE,	MARYLAND.
	DEATH [Enter only one cause per li	Ine for (a), (b), and (c).]	00			INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary	Vaclus	ren	Ac	a Land
4201	DUE TO	1 / 5	11 -	15		7.
Conditions, If	any, which	oconspy >	Trant	Recen		year
gave rise to						
underlying caus						
S PART II. OTHERS	IGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELA	TED TO THE TERMIN	AL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
E E						YES NO K
PARTII.OTHERS 20s. EXTERNAL PRIMARY OF CAUSE OF DEAT 20c. TIME OF I Hour a.n	CAUSE WAS 20b. 1	DESCRIBE HOW INJURY OCCU	IRRED. (Enter natur	e of Injury in Part I	or Part II of Item 18	.)
CAUSE OF DEAT	CONTRIBUTING D					
20c. TIME OF I	NJURY Month, Dey, Year   20d.	NJURY OCCURRED   20e. PLA	CE OF INJURY (Hom	e, ferm, 2Df. (City	or town) (Cou	inty) (State)
Hour a.m	111110	Mot While I	ry, street, office bld;	g., etc.)		
	n. 19   lat work that I took charge of the rem	k at work	d on Autonou	. Inspection	7. inquiry .	and in my opinion
	_	_			letermined manner	and in my opinion
death result	ed from: Natural causes	, Accident , Sui		nicide, Und	fefermined manner	9/19/67
ACTUAL	9 down fal	X XX.		MEDICAL EXAMINER		22. DATE SIGNED
SIGNATURE	- con - cop	AND K	INI.D.	DICAL EXAMINER D		ASHINGTON ST.
EXAMINER'S NAME (Type)	EDWARD W. DITTO.	JR. M.D.		-	county) HAGERS	
	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			ION (City, town or co	
REMOVAL (Spe	ecify)	PARK WOOD CE		BALTTM	DRE BALTTM	ORE CO. MD.
BURTAL.	CTOR 9/21/67	ADDRESS			RI 250. REGISTRAR	'S SIGNATURE
		CONCERN MADVE AV		SEL ST	1961 /100	res judge
CUMUTED	M. RUUGER HAUER	STOWN, MARYLAN	D. DATE		W.	U

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13019

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		40 00 40								
ALTH DEPT.		PLACE OF DEATH	Ma shakes	- <del>-</del>		40.00	CE (Where deceose Penna.	d lived, if instituti b. COU	ion: Residence before it is a company of the compan	re admission)
t af			Washing		MARYLAND					
n, 2, and 3 m PM3 Pa Department			If outside corporate limit	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (		e limits, write RUF	RAL and give neare	st town)
P.M3 P.M3 artme			d give neorest town)			Newb				~
n n )ep			AL OR INSTITUTION (IF n	ot in hospital, giv	e street oddress)	d. STREET ADDRESS				e IS RES DENCE ON A FARM?
farm		Virgin	ia Ave.							YES NO
B = ( S )		NAME OF		ırst	Middle	Last	4. DATE	Ment	h Doy	/ Year
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		DECEASED Type or print)	W11	bur	S.	Bolen	OF DEATH	Sept	ember 9	9, 19 67
i i	S		6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9	AGE (In years lost birthdoy)	Months Doys	IF UNDER 24 HRS Hours Min.
0 5 -	3	nale	white	WIDOWED [	DIVORCED [	9-10-95		61 yrs	Months Days	nouis Mill.
Office a land 2 w er dinath.			(Give kind of work done		O OF BUSINESS OR	11 BIRTHPLACE (S	tote or foreign co	intry)	12 CITIZEN O	
	dur	Tabore	retired)	E IND	eneral bus	. Newbur	g, Peni	na.	COUNTRY	,
lages rs afte	13.	FATHER S NAME				14. MOTHER'S MAIL	DEN NAME			
xamine le naç			Lee Belen				Man	rjerie	Jones	
FILE 72 FILE	IS.	WAS DECEASED EVE	R IN U.S ARMED FORCES?	16. 50	ICIAL SECURITY NO.	17. INFORMANT		Addre		
Pedical Exc permit. File within 72 h	(TE	yes	(If yes give wor or dotes	of service 179	912-3877	Mrs. Edna	Smith	Newbu	rg, Pen	na.
the Chief Medical Examiner's rial transit purm't. File Bages my event w thin 72 hillurs affe		18. CAUSE OF D	EATH (Enter only one co	use per line fo <u>r (</u>	2), (b), ond (c))	<del></del>				TERVAL BETWEEN
Chief I transit event v		PART I DEA	TH WAS CAUSED BY  / IMMEDIATE CAUSE	, 4	141111111111	Coronary	atheros	clerosi	5.	ISET AND DEATH
th character of the cha		400	/	10	7					
burial n ally		Cond trans, if ony		(b) seva	re ischemi	c_fibrosis	of lef	t ventri	icle	
P19. 5 MI		rise to immediate stating the under		10						
one and		lost.	)	(c) car	diac hypert	rophy				
orwar used oval,	#	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVE	I IN PART I(o)	19	WAS AUTOPSY PERFORMED?
be tarwa be u≊ed remaval,	ATIO								, y	ES NO
<u>ω</u> <u>-</u> ω	CERTIFICATION	200 EXTERNAL CA		20b DESC	RIBE HOW INJURY OCCUR	ED (Enter noture of injur	y in Port I or Port	If of item 18.)		
iles. shauld on, ar r	8	PRIMARY or CO CAUSE OF DEATH.	MIKIRALING []							
3 sh tion	MEDICAL		URY Month, Doy, Year			PLACE OF INJURY (Home,		(City or town)	(County)	(Stote)
Page 3 sho cremation,	MED	Hour o.i	2.00	While of work	Not While of work	factory, street, office bldg	, etc.)			
					ns described above	held an Autansy F	Inspection	n 🔽 Inai	siry , and	in my apinian
ECTOR: burial,				al causes 🗓				determined m		,
		-	>		,		HCAL EXAMINER			
E C		ACTUAL SIGNATURE	Qua. D. 1.	16)1	Af A TIT		MEDICAL EXAMINE	R 🔲		22. DATE SIGNED
FUNERAL I		EXAMINER'S	C 00		7	DEPUTY M			W. Wers	
		NAME (Type)	Edward W	. Ditt	o III		Street city town,	r county) Hag	erstown	
ea <sup>l</sup> th	230	BURIAL, CREMATIO			23c NAME OF CEMETERY			AT ON (City or To		
2		Buria1	9-12	-67	Mt. Hepe				lin, Pen	
15ME (5)	34	FUNERAL DIRECTO	Runeral	U.m.	ADDRESS		REC D BY REG STR		GISTRAR S S GNATU	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13020

3016 di cz

CEDTIEICATE OF

					CERTIFICAL	E OF DEATH					
		PLACE OF DEATH	INGTON			2 USUAL RESIDENCE		h COUNT		befare adm	issian)
					MARYLAND	ma	ryland	,	was	ching	ton
	t	b CITY OR TOWN (If auts	side carparate limits	,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If			L and give	nearest fawr	1)
		write RURAL and give			47 days		ers town			;	1
/	V	d name of hospital or WESTERN MAR	INSTITUTION (IF PO YLAND ST	t in hospital, ATE HO	give street address) SPITAL	d street address	ofomac	Street			ESIDENCE A FARM? NO •
		NAME OF DECEASED	Fir		Middle	Lost	4. DATE OF	Month	•	Day	Year
	(	(Type or print)		Rtie		dendolph	DEATH	Sep		- /	1967
	5. 3	SEX 6. C	OLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	le le	GE (In years ast birthday)	Months 1	YEAR IF UN Days Hau	IDER 24 HRS
		+	W	WIDOWED	DIVORCED	June 24,18		OR YIS	10 0171		
		USUAL OCCUPATION (Give ing most of working life, ev			IND OF BUSINESS OR NDUSTRY	11 BIRTHPLACE (Count		n country)		ZEN OF WHA NTRY?	1
	12	FATHER'S NAME	11-15			14. MOTHER'S MAIDEN	rand		J	21.5	
	13.	4 .	BURA	11		14. MOTREK 3 MANDEN	INAME				
	15	WAS DECEASED EVER IN U			SOCIAL SECURITY NO 17	INFORMANT		Addres	5		
	(Ye	s, na, or unknown) (If γe	s give war or dates a		0	TRS. PEARL	HOUSE	-12 12	0-7	1501	2 500
		IB. CAUSE OF DEATH	(Enter only one cou	se per line fai	V - P	11121 121/11/1	Pluvi	7 / 1	7-0-1	NTERVAL	BETWEEN
		PART I DEATH WA		*	UREMIA					ONSET AN	D DEATH
		260 V	DUE	TO	, ,						
		Conditions, if any, whice rise to immediate cau		(b)	Nephroselek	20515				unkn	OWN
		stating the underlying last.		TO (c) 2	iabetes me.	11itus				goal	دع
	_	PART II OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT RELATED T	THE TERMINAL DISEASE OF	ONDIT ON GIVEN II	N PART 1(e)		19 WAS A	AUTOPS Y DRMED?
,	AT ON	Q anteri	oseleRos	15.90	neral					YES [	NO 🔀
*	CERTIFICAT	20a ACCIDENT WAS UNDI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	USE OF DEATH	20b D	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	n Part I ar Part II	of item 1B)			
	MEDICAL	20c TIME OF INJURY A Hour o.m. p.m.	Manth, Day, Year	20d While	e C Not While C f	LACE OF INTURY (Hame, for actory, street, affice bldg , en		ity or town)	(Caur	rty)	(State)
		21. I certify the	at (I) (this har	ortal) atten Sept.	ded the deceased from 3 19 67, and the	JUIG 18 nat death accurred a	19.67 , ta_ 11.01.95 M, f	<i>Septi</i> 3 ram couses a	7, 19 <i>6)</i> nd an the	Z, that (i e date sta	) <del>(wa)</del> las ted abave
		22a SIGNATURE	Els	eter	L. lamos,	M.D. ATTENDING D	MED DIRECTOR	STAFF PHYS		+.3,190	
1		22c. PHYSICIAN S NAME (Type)	Vic	TOR L	. RAMOS, m	22d. ADDRESS 2	Vestern Lagers to	md. Si WN, M	rky 14	nd_	e
	23a	BURIAL, CREMATION,	23b DATE THE	REOF	23c NAME OF CEMETERY C	R CREMATORY PIPIR	23d LOCAT	TON (City or Tow	n) (	Caunty)	(State)
		BURIAL	SEPT	6,67	CIEDAR LA	UN MICTORII	74 /+A6	ERSTOW.	V W	ASH.	170.
1	24	EN CHORAGE	de.		npaoness	C	ED BY REGISTRAR	967 <sup>256. REG</sup>	ISTRAR S SIG		fel
J	71	HOMPSON	1-UNERK	16 110	ME CLEARS	PRING- DATE		-	, , ,	1	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the funeral director, page 3 shauld be detached far use as the burial-Itanist permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in my event, within 72 haurs after death



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Will L I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution: Residence before edmission) b. COUNTY a. COUNTY WASHINGTON MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town HAGERSTERUN = Pages afte filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO D 3. NAME OF 4. DATE Lasl Month Yaar OF (Type or pr n?) DEATH 1967 MARGARET BREOKS carbon/ nt, with 5. SEX IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (in years IF UNDER I YEAR and last\_birthday) Months WIDOWED [ DIVORCED attending physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foraign country) dona during most of working life, even if retirad) DUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, (Yes, no, or unkown) (Ifyasgive war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)/ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) \_\_\_ BAMERO DALLIMINIO burial-transit cremation, DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. (c) the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION \$ p PERFORMED? certif USe NO D prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of insury in Part I or Part II of itam 18.) ģ OR CONTRIBUTING CAUSE OF DEATH Health detached MEDICAL ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) fectory, streat, office bldg., etc.) Whila Hour a.m. Not While ö at work at work DIRECTOR: 2 21. I certify that (I) (this hospital) attended the deceased from......... 196. ... that (I) (we) last plnous State saw the deceased alive on.... the causes and on the date stated above 22a. SIGNATURE 22b. DATE ATTENDING SIGNED က ဦ death. Page 4 PHY5 DIRECTOR PHYS. M.D. HOSPITAL with I 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Garcia WESTEEN STARYLAND filed v SIMIE HUSPITAL 23a. SURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. (State) REMOVAL (Specify) O · fi & FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M S-63



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13018

## CERTIFICATE OF DEATH

13022

PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
o. county Wash	ington	MARYLAND	Maryland Washington					
6 CITY OR TOWN	(If outside corporate limits	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Hagersto	od give neorest town)	40yrs	Hagerstown Maryland					
	TAL OR INSTITUTION (If not in ho		d. STREET ADDRESS 8 15 RESIDENCE					
	. Jonathan S		432 N. Jonathan Street VES NO [					
3. NAME OF	First	Middle	Lost 4 DATE Month Doy Year					
DECEASED (Type or print)	Dora	May	Cook DEATH Sept 28 19 67					
S. SEX		RRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE ( n years   IF UNDER 1 YEAR   IF UNDER 24 HR					
Female	Colored WID	OWED DIVORCED	May 26 1890 7 Just burthdoy) Months Doys Hours Min					
100. USUAL OCCUPATIO		106 KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT					
Domesti working	g life, even if retired)	Private family	Sharpsburg, Md OUSA					
13 FATHER'S NAME			14 MOTHER'S MAIDEN NAME					
George	King		Mary V. Calman					
IS WAS DECEASED BY	SEATURE CHARGE STEAM ST	16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
no, or unknown)	(If yes give wor or dates of service	Mr	s. Dorothy William 432 N. Jonathan					
Conditions, if on use to immedia storing the undilast  PART II. OTHER S	te couse (o), PUE TO	Louis Cle Louis Cou Ling to death but not related to	THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0)  19 WAS A JOBSY PERFORMED? YES   MO					
OR CONTRIBUTING	AS UNDERLY NG  GCAUSE OF DEATH MEDICAL EXAMINER	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port L or Port H of Item 18)					
말! Hour o.	JURY Month, Doy, Year .m. 19	While of work of work	ACE OF INJURY (Home, farm, tary, street, office bldg, etc.) 201 (City or town) (County) (State					
saw the d	21. I certify that (I) (this hospital) attended the deceased from 3/2, 1967, to 4, 1967, that (I) (we) las saw the deceased alive an 1967, and that death occurred at 33 M, from/causes and on the date stated abave							
22a SIGNATURE	Jemoil	Hegetti )	ATTENDING MED DIRECTOR PHYS DISTAFF					
22c. PHYSICIAN' NAME (Type		AiEGO	1/9 E centulum &t					
230 BURIAL CREMAT BURIAL (Specif	ON, 23b DATE THEREOF Oct 2 19	230 NAME OF CEMETERY OR TOWSON Chap	crematory 23d LOCATION (City of Town) (County) (Stote) oel Cemetery Sharsburg Md.					
24. FUNERAL DIRECT	OR	ADDRESS	250 RECD BY REGISTERS 7 250 PETSTRAR Y SIGNATURE					
John R	Water n. Hac	renatoure Wid.	DANE CI 3 1301					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removement propers. Pages 1 and 2 should be filled with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 haury after yearth. TO HOSFITAL OR ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

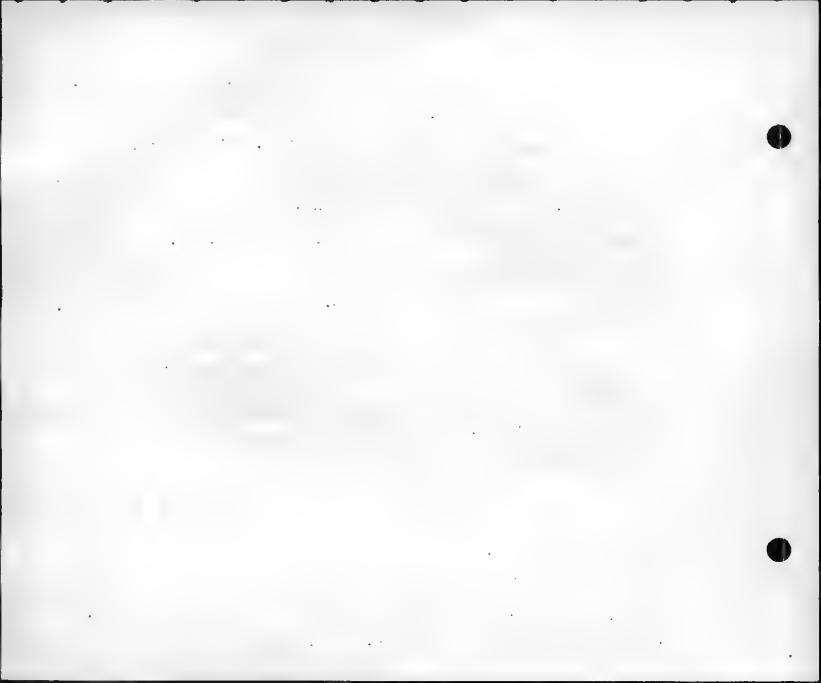


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plynician and completabelished in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Degt. of Health pulor to burial, cremation, or removal, and in any event, within 72 hours after deaths

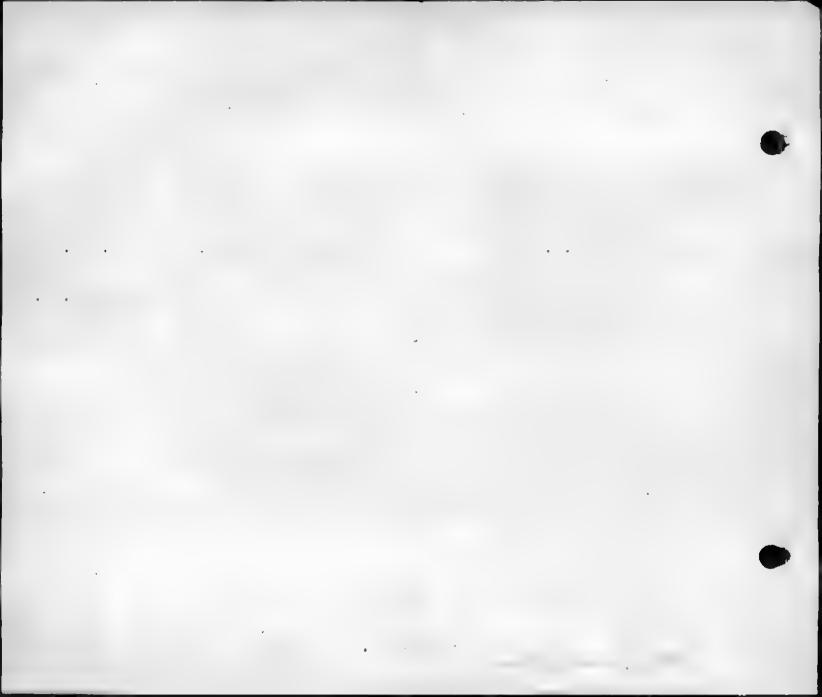
VR A15 (4) 20M 1/63

	MARYLAND STATE DEPARTMENT OF HEALTH	
JOINISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
ERRI LAS	CEDTICIOATE OF DEATH	

CERTIFICAT	E OF DEATH 13823
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington MARYLAND	a. STATE Md. b. COUNTY Wash.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 65 years	Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
Washington County Hospital	147 S. Mulberry St. ON A FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Lean Catherine	Cramer DEATH September 3,1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white widowed XX DIVORCED	5-31-96   last birthday)   Months   Deys   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)  NDUSTRY  NOUS ewife	Greencastle, Pa.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Grumbine	Mary Clopper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, No, or unknown) (If yes give way or dates of service)	INFORMANT Address
no	s. Herman Hull, Baltimore, Md.
18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).3	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cevebra	emourle co
DUE TO	
Cenditions, If eny, which   ( Genevali 30)	attrevos/evosis 10415
geve rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Vona	YES NO.
20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury In Pert I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLA facto   4 Hour a.m.   19   at work   at work   19   20c. PLA facto   20	ry, street, office bldg., etc.)
21. I certify that (1) this hospital) attended the deceased from	1950 to 7-3, 196 that (D)(we) last
	death occurred at // M, from the causes and on the date stated above.
22a. SIGNATURE	2 22b. DATE SIGNED
M.C	ATTENDING MED. MED. STAFF PHYS. 1 9-5-67
22c. PHYSICIAN'S ME, Bunkit	Plilique cont MA
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 1 23d. LOCATION (City, town or county) (State)
DELEGIFIE (Conceller)	Cemetery Hagerstown, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Minnich Funeral Home, Hagerstown,	Md. DATE SEP 8 1961 puranes fueres
	UNIE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMILER'S CERTIFICATE OF DEATH 13624 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Resid ace before squared) e. COUNTY b. City or fown (Foulside corporate limits, MARYLAND c. CITY OR TOWN (If outside Experate limits, write RURAL and give nearest lown)
Harpers Ferry E LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOP TAL OR INSTITUTION of not in hospital, give street address d. STREET ADDRESS Route a. IS RESIDENCE ON A FARM? YES NO FE 3. NAME OF Middle A DATE Month DECEASED dward (Type or print) DEATH 1962 COLOR OF RACE 7, MARRIED NEVER MARRIED 8 DATE OF BIRTH 19. AGE (In years LIF UNDER ) YEAR! IF UNDER 24 HRS lest brihday) | Months | Deys 10a. USUAL OCCUPATION (Give kind of work Give Pages 1, 2, xm PM3. Page 5 1DE KIND OF BUSINESS OR NOUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? Laborer B&O R.R. Piedmont West Virginia.
Mother's Maden name
Cooper Seymour Crawford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, nanenunkown) | (If yes give war or datas of service) Emma Mae Crawford Harpers Ferry, W. Va. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ! NTERVAL RETWEEN burial-transit PART I. DEATH WAS CAUSED BY: OSKull fracture & Brain Stem ONSET AND DEATH Incheld Office Conditions, if any, which ? gave rise to immediate cause sctuted Nock. (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGN. FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO N 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of anjury in Pert I or Part II of Item 18 ) PR.MARY TO OF CONTRIBUTING F Driver of Auto Struck Broodside by another Speeding Auto the Ch. Page 3 Month Day Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) Not While of While 9-1/-1962 at work at work Szudy Hook Wash 194 67 + 340 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection 🔀 nguiry and in my opinion DIRECT death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER dwarf W. DIHO III, should be in FUNERAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY 9-11-62 please 4 shoul O FUN 220. BURIAL CREMATION. 226. DATE THEREOF 1 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial Duland Cemetery 24. REC'D V SEGISTRE DE LEGISTE CHARGE CHARGE 23. FUNERAL DIRECTOR Brunswick, Md. VR A15ME VCharles 5M 1/62



#### **MARYLAND-STATE DEPARTMENT OF HEALTH** DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13625

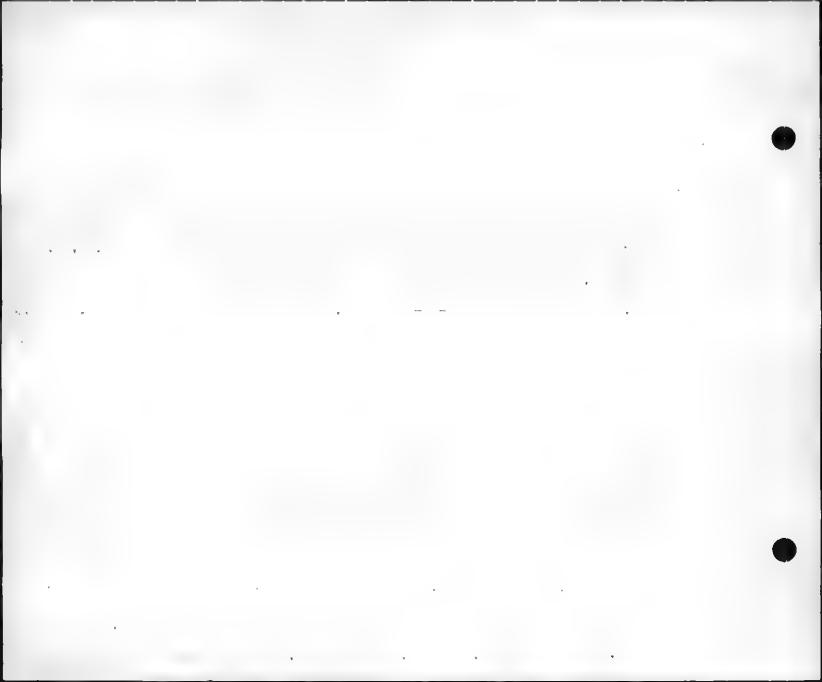
2021

### CERTIFICATE OF DEATH

П	m. 0 0 60 2.			CLIVIII	ICAIL	OI DEATH	•				
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased rived, if institution. Residence before admit							รเอก)				
ı	o. COUNTY	o. COUNTY Washington MARYLAND				o. STATE b. COUNTY Washington				nn -	
ŀ	b CITY OR TDWN (if autside carparate limits,			c. LENGTH OF STAY IN 15				rate limits, write RU			
I	write RURAL and give negrest town)			A Dove	4 Days		Cavetown			4/	
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, a					d. STREET ADDRESS				e IS RE	SIDENCE
		ton County	, ,			e. Meer Habites				ÔN A	FARM?
3	NAME OF		LZ}	Middle		Last	4 DATE	Mar	th	Day	rear .
	(Type or pnnt)	Charles	St	anley	1	Detrow	OII DEAT	H Septer	nber	11,	67
3	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	) [B	DATE OF BIRTH		9 AGE ( n years		YEAR IF UND	
	Male	White	WIDOWED	DIVORCED	D Ma	arch 24,	1882	last birthday) 85 yrs.	Months 5	Days Hour	Min,
	0o USUAL OCCUPATION uring most of working	(Give kind of work dane		IND OF BUSINESS OR		11 BIRTHPLACE (Co	unty & State, or I	fareign country)		IZEN OF WHAT	
Ľ	Farmer	189, 6961111 (911100)		rming		Beaver Creek, Maryland U. S. A.					
	3. FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME				
	Jacob H	. Detrow				Barbara	Easton				
	S WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO.	17. II	NFORMANT		Addr	e5S		
1	No.	(If yes give war ar dates	21	.8-24-2029	Mr.	. Edgar L	. Detro	w, Boonsh	oro Ri	fd. 2,	Md.
F		EATH (Enter only one co	se per line for	(o), (b), ond (c).)		1		5 ( )		INTERVAL E	
	PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE	(c)	Conges	tin	e Hes	-t t	Failur	,	ONSET AND	HIAJU
ı	1-5 0-	DUE	TO	- 0		ler.	,				
ı	Conditions, if any		(b)	acher	)—«—c	More	ر د				
ı	nse to immediat stating the unde		TO								
	last.	)	(t)		_					l	
1,	PART II. OTHER S	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO T	he <b>termin</b> al disease	CONDITION G	VEN IN PART 1(a)		19 WAS AL PERFOR	
	B	enign ,	Prosi	talic	14.	yper	trapp	7		YES 🗍	NO D
	200 ACCIDENT WAS	S UNDERLYING  CAUSE OF DEATH	20b. DI	ESCRIBE HOW INJURY OF	CCURRED (	Enter nature of injur	y in Part 1 pro	att II af item 18)			7
18	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
3	20c TIME OF INJU	JRY Month, Doy, Year		NJURY OCCURRED		E OF INJURY (Hame,		(City or town)	(Cou	nty)	(State)
1	E 11001 0.1	10	White at war		TUCTU	iry, street, office bldg.	, etc.)	/	,		
ı	21. I certify that (I) (this haspital) attended the deceased fram 9/6, 1962, to 9/11, 1962, that (I) (we) last										
ı	saw the deceased alive an 9/11 1967, and that death occurred at 4/00 PM, from causes and on the date stated above.										
H	220. SIGNATURE 27b. DATE SIGNED 27b. DATE SIGNED										
X	G		and	ecc	M.D	. PHYS	DIRECTOR	PHYS L		/14/67	
22c. PHYSICIAN'S NAME (Type) A.M. Mandell, M.D. 22d ADDRESS 301 E. Antietam, Hagersto							gersto	wn, Md.			
7	30. BURIAL, CREMATIC	ON, 23b DATE TH	EREOF	23c. NAME DF CEME	ETERY OR (	REMATORY	23d I	LOCATION (City or To	own) , f	(County)	(Stote)
V	REMOVAL (Specify Burial	9- 14	- 67	Boonsbor	o Cer	meterv	В	oonsboro	Md .		
	24. FUNERAL DIRECTO			ADDRESS		250	REC'D BY REGIS		EGISTRAR'S SI	GNATURE	
	John H. B	ast, Jr. 11	2 N. M	ain St. Bo	onsbo	oro, Md DATS	EP 18	1967	Charle	es Judg	ا

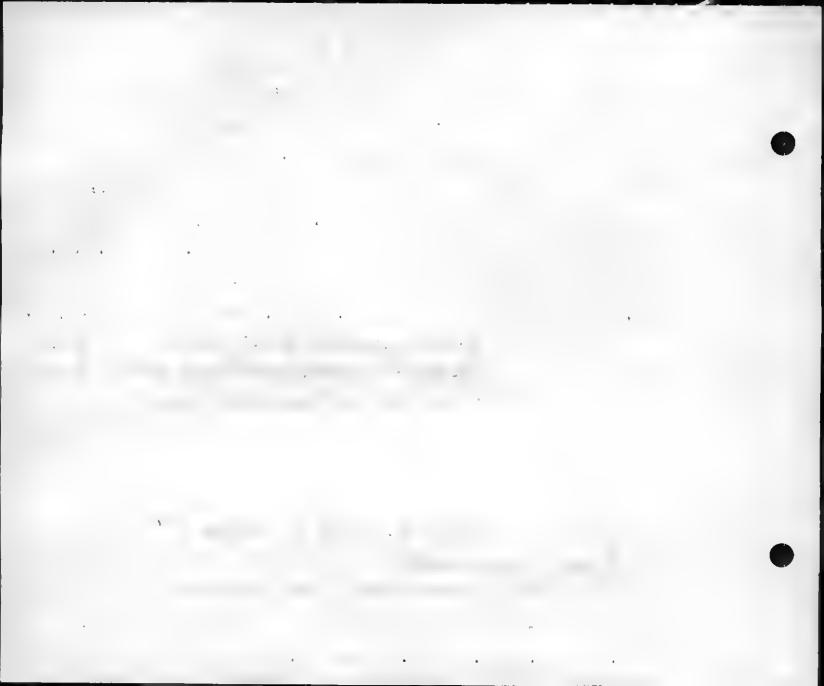
IN HUSPITAL OR ATTENDING PHYDICIAN: The faw requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the updirector, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept of Health prior to burial, cremation, or remayal, and in any went within 72 hours after Page 4 may be retained by the hospital or attending physician. 10/19

VR A15 (4) 25M 1/67



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13022	CERTIF	ICATE OF DEATH	13026
er death	PLACE OF DEATH O. COUNTY Washington	MAR	2 USUAL RESIDENCE (Where deceosed on STATE Maryland	lived, if institution Residence before admission) b. COUNTY Washington
filled in by the foreign parter of filled in by the foreign parter. Pages 1 of film 72 fours after d	b CITY OR TOWN (If outside corp write RURAL and give nearest Hagerstown	town) 5 Days		firmits, write RJRAL and give nearest tawn)
d in		TION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Filled Filled	Nashington Con	First Middle	Rfd . 2	Month Doy Year
cecuted within completely for carbon in event, with	DECEASED (Type or pnnt)	Stella Geneva	Detrow OF DEATH	September 19, 1967
execute and comp remave (	Female White		/ <u>                                    </u>	AGE (n yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS lost birthdoy)   Months   Doys   Hours   Min. 71   yrs.   6   28
0	100 USJAL OCCUPATION (Give kind of during most of working life, even if ret	work done 10b KIND OF BUSINESS OR INDUSTRY Own Home	11. SIRTHPLACE (County & State, or forest	gn country) 12 CITIZEN OF WHAT COUNTRY?
th certificate ling physician . Then please remaval, and	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
h certiti ing phy Then premaval	Charles Scadde  15 WAS DECEASED EVER IN U.S. ARME	D EUDICECS 14 COCIAL SECTIDITY NO	Elizabeth Bower:	Address
ne death attendir permit. ian, ar re	(Yes, no, or unknown) (If yes give we	or or do tes of service) None	Mr. Edgar L. Detrow,	Boonsboro Rfd. 2, Md.
that the d an. by the att Iransit per crematian,	PART I. DEATH WAS CAUSE	nly one couse per line for (g), (b), and (c).) D BY.  ATE CAUSE (a)	durte Heart Dro	INTERVAL BETWEEN ONSER AND DEATH
equires † physicia signed t burial-tr	Conditions, if ony, which gove rise to immediate couse (a),	(b) Obstruction	Emphypern & Rept	me JBleb 7/13/67
ow relating lating lati	stating the underlying couse last.	10 en light Ling	and Herrochoray.	ly
f: The far after te has lose as alth pri	PART H. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT REI	ATED TO THE TERMINAL D SEASE CONDITION GIVEN	IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES PRO
haspital of haspital of certificat ached far apt. of Hec	NOTIFY MEDICAL EXAM	EATH	CCURRED (Enter nature of injury in Port I or Port .	1 of item 18)
the this detc	20c FIME OF NJURY Month, D Hour o.m. p.m.	oy, Yeor 20d INJURY OCCURRED While Not While of work of work	20e PLACE OF NJURY (Hame, farm, foctory, street, office bldg, etc.)	(C by or town) (County) (State)
TENDINI ined by OR: Affer auld be the Stat	21. I certify that (1) saw the deceased ali	(this haspital) attended the deceased ve an1167,		from causes and on the date stated above
OR ATTEN be retained DIRECTOR: / ge 3 shauld ge with the	220. SIGNATURE	novinter	M D PHYS DIRECTOR D	STAFF 22b. DATE SIGNED 9-20-67
May SAL Dags be fill b	22c. PHYSICIAN'S NAME (Type) 5 T	DREY WOVENSTE	=IN FUNKSTO	WW MD
Page 4 to FunEs director should	DEMONA (Constant			TON (City or Town) (County) (Stote)  RVOT Creek, Md.
E-	24. FUNERAL DIRECTOR	ADDRESS	250 REC'D BY REGISTRAL	25b REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	John H. Bast, Jr	. 112 N. Main St. Boo	onsboro, Md. DATSEP 221	961



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEACTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a COJNTY a STATE b COUNTY Washington Wash. MARYLAND Department c LENGTH OF STAY IN 16 c CIY OR TOWN (If autside carporate imits write RJRAL and give nearest tawn) b. CIY OR TOWN (If autside carparate imits, Hagerstown 24 years haurs after Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS S RESIDENCE ON A FARM? 368 S. Cannon Ave. Scene of the accident NO F icate, writing the ward "pending" in pencil in Item 18 Give Pages be farwarded to the Chief Medical Examiner's Office along with for with the State 3 NAME OF Middie 4. DATE DECEASED Alvin Dick Eugene September 11,1967 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 9 AGE ( n years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED TO b rinday) Days 9-5-43 male white WIDOWED DIVORCED eveni 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10a. USUA, OCCUPATION (Give kind of work done during most of working ide, even if retired) COUNTRY? repair Hagerstown, Md. 14. MOTHER'S MAIDEN NAME MCCIAL EXAMINER: This certificate should be executed within 13 FATHER'S NAME Ralph C. Dick Florence Alsip 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service 16 SOCIAL SECURITY NO. 17. INFORMANT permit. ar remayal, Florence J. Dick, Hagerstown, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line\_for\_(6) (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Necle IMMEDIATE CAUSE (a) necessary, please execute the certificate, writing the ward crematian, Conditions, if any, which gave 1 nse ta immediate cause (a). DUE TO stoting the underlying cause burial, 1 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? designated agent, priar ta 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of more in Part I or Part II of term 18.) 3 shauld PRIMARY 129-or CONTRIBUTING Occupant m AUTO Struch another Buter Intersery CAUSE OF DEATH 20d INJURY OCCURRED (County) (State) 20c TIME OF INJURY Month, Day Year factory, street, affice bldg , etc.) FUNERAL DIRECTOR: Page While at work MJ. -11-1967 at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, and in my opinion deoth resulted fram: Natural causes | Accident 区。 Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER funeral 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER 277 Edward W. Ditto. III. M.D. Address (Street, city, town or county) 122 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (State) 23g. BURIAL CREMATION (County) REMOVAL (Specify)
Duria 9-14-67 Rest Haven Cemetery Hagerstown. Md. 24 FUNERAL DIRECTOR Funeral Home, Hagerstown, Md. 25a. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

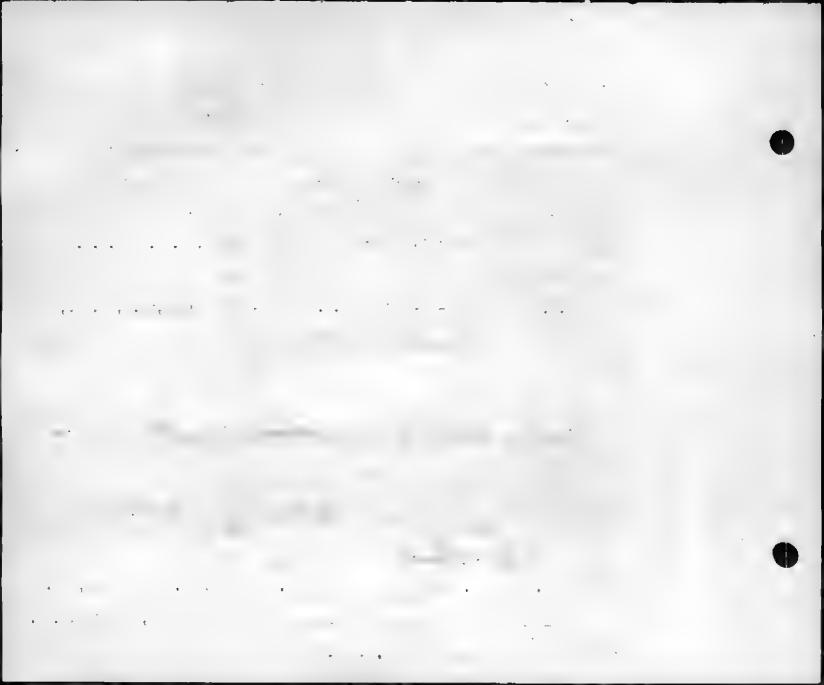


TO MESPITAL OR ATTENDING PHYSICIAM The law requires that the death cartificate be executed within 24 hours after death. Page 4 may be retained by the hespital or attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove barbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH B. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Washington		MARYLAND	West Virginia Berkeley				
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Hagerstown			Hedges	ville	1600		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			ON A PARM!				
	County Hospi			Route 1 (North Mountain)   YES   ND			
3, NAME DF DECEASED	First	Middle	Last 4.	DF	Day Year		
		laleigh	Dirting	DEATH September	19 1967		
5. SEX 6. COLOR OR RA	THE MARKET IN THE	VER MARRIED	8. DATE OF BIRTH	9. AGE (in years   IFUNDER   last birthday)   Months	Days Hours Min.		
	WIDDWED TE		April 23, 1892	7.01	TIZEN OF WHAT		
10a. USUAL OCCUPATION (Give kind of v during most of working life, even if re	etired) INDUSTRI	POSINESS OK		CC	ITIZEN OF WHAT		
Guard	Fairchil	ld Aircraft			.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Lewis Lemuel			Ruth Robbin				
15. WAS DECEASED EVER IN U.S. ARME (Yes, no, or unkown) (If yes give war or da	ates of service)		INFORMANT	Address			
Yes W.W.I	234-24		.L.Dirting-He	dgesville,Rt.l, W			
18. CAUSE OF DEATH [Enter onl		/	_		INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED IMMEDIATE CA	USE (a) Drine	donneum	enea		3 days		
	DUE TO						
Conditions, if any, which							
gave rise to immediate cause (a), stating the DUE TD							
underlying cause last.							
PART II. OTHER SIGNIFICANT CONE	DITIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
5 Cauxous	5 Cauxolie anequia cause unbloqued carried yes NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES ND  20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  BY OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR							
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20f. (City or town)   20					nty) (State)		
p.m.	19 While Not	work	1 1-	11			
21. I certify that (I) (this hospital) attended the deceased from ANT 15, 19 6/ to Sent 19, 19 6/ that (I) (we) last							
	saw the deceased alive on. 11111111111111111111111111111111111						
22a, SIGNATURE 22b. DATE SIGNED							
2	dury) He	M.		CTOR PHYS.			
22c. PHYSICIAN'S NAME (Type)		1	22d. ADPRESS				
Dr. Edson B. Moody 145 S. Prospect St. Hagerstown, Md.							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)							
Burial 9-22-1967 Hedgasville Cemtery Hédgesville, Berkeley, W. Va.							
J. R. Click							
Brown Funeral Home Martinsburg. W. Va. DAREP 25 1967							

VR A15 (4) 20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13629

3625

CERTIFICATE OF DEATH

1. PLACE OF DEATH  0. COUNTY WASHINGTON	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
WASALING LON	O. STATE B COUNTY WASHINGTON						
b CITY OR TOWN (If outside corporate limits,	c. CITY OR TOWN (If out	s de carporate limits, write RURAL and g v	re neorest town)				
write RURAL one give negres (0.00) HAGERSTOWN	HAGERSTOWN /						
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?				
WESTERN MARYIAND STATE HO	R.F.D. # 1, HACERSTOWN, MARYLAND YES NO						
3 NAME OF First DECEASED First	Middle	Lost	4 DATE Month	Doy Year			
(Type or print) 2 0015		ORFHAN	28 1967				
S SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	9 AGE (In years IF UNDER last birthday) Months	Days Hours Min.			
WIDOWE		68. 26, 1900	67 YIS				
100 USHAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT							
3ALESHAN HO	ME FURNISHING C	q. RUSSI		U.S.A.			
13. FATHER'S NAME	•	14 MOTHER'S MAIDEN N					
SAMUEL DORFMAN		EVA	VIRSHICK				
15 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no. or unknown) (II yes give wor or dotes of service)		NFORMANT	Address RC	OUTE # 1			
(Yes, no grunknown) (If yes give war or dotes of service) 1	08-07-2328A MR	S. PEARL C.	ELLIOTT, HAGERSTO	DWN, MD.			
18. CAUSE OF DEATH (Enter only one couse per line if	INTERVAL BETWEEN ONSET AND DEATH						
IMMEDIATE CAUSE (a)	6 mg.						
1 €. ⊇ X DUE TO							
Conditions, if any, which gove (b)							
stoting the underlying couse DUE ID							
last. (c)		·		1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES \[ \] NO \[ \begin{array}{ c c c c c c c c c c c c c c c c c c c							
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in P	Port I or Part II of Item 18)				
	INJURY OCCURRED 20e PLAC	OF OF BILLIAN (Hama farm	, 20f (City or town) (Co	Market Steepen			
母 Hour o.m. Wh	ile - Not While - focti	CE OF INJURY (Home, farm, ory, street, affice bldg., etc.)	iunty) (State)				
p.m. 19 of work — of work —							
sow the deceased alive an 3277. 2	21. I certify that (1) (this constitute attended the deceased from VVLY /7 , 1967, to SETT. ZB , 1967, that (1) (we) las saw the deceased alive an SETT. Z7 1968, and that death accurred at 525A M, from causes and on the date stated above						
22b. DATE 5 GNED							
Bonungo A. Gase	eq M.C	D PHYS DIRECTOR PHYS X SEPT. 28, 1967					
230 BURIA, CREMATION. 23b DATE THEREOF	23c. NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (Stote)			
REMOVAL (Specify)			HAGERSTOWN, WASH				
BURIAL 9/30/67 ROSE HILL CEMETERY HAGERSTOWN, WASH.CO. MD.  24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR SIGNATURE							
CHARLES M. ROUZER. HAGE	RSTOWN. MARYLAI		3 1967 Icharle	y Judge			

Alled in by the funeral 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and certificately filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician.

VR A15 25M 1/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13028 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR-STA PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Washington Washington MARY, AND delay Pai b CITY OR TOWN, if autside carparate limits CLENGTH OF STAY IN IN c CTY OR TOWN (If dutside corporate in its write RURAL and give nearest tawn) Deportmen write RURAL and give nearest town)
Hagers town 1 year Hegerstown B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS with form 517 Mayfair Ave. 517 Mayfair Give Poges Ave. Stote | YES NOT. 3 NAME OF F rs1 Middle DATE Manth Last Day Year DECEASED Elsie Mag Edwards 21 DEATH September 19 67 (Type or print) olong S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED [X] NEVER MARR ED ost pyrthday) Manths Days Hours Female White Sept. 21,1910 deoth WIDOWED D YORCED lond Off 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B-RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY 72 hours ofter Faryland housewi e Home the Chief Medical Examiner's 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME George T. Pierce Effie Virginia Ely permit. File 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 517 Addriayfair Ave. (Yes, no or unknown) (If yes give war ar dates of service) Norman E. Edwards pending event within None Hagerstown. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burrol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) certificate should writing the word DUE TO ony Conditions, if ony, which gave forworded to rise to immediate cause (o). ⊆ DUE TO 0 stating the underlying cause puo last 0.5 used removal, PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. D. SEASE CONDITION GIVEN IN PART 1.0) WAS ALTOPSY PERFORMED? the certificate. NO. þe should be 20m EXTERNAL CALISE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18.) 3 should PRIMARY I or CONTRIBUTING 5 **EXAMINER:** CAUSE OF DEATH cremotion, 20c. TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or fown) (County) (State) YOUT Hour am. Not While factory, street, affice bldg, etc.) DIRECTOR: Page at wark at wark 21 | certify that I took charge of the remains described above, held on Autopsy | Inspection X. Inquiry ond in my opinion deoth resulted from: Notural couses K Accident Surcide . Homicide | Undetermined monner be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MEDICAL EXAMINER moy be re FUNERAL ( prior SIGNATURE funeral DEPUTY MED CAL EXAMINER . **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) the 23a BUR AL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) 50 REMOVAL (Specify) Sharpsburg Wash. Mountain View Ceme ADDRESS 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURI

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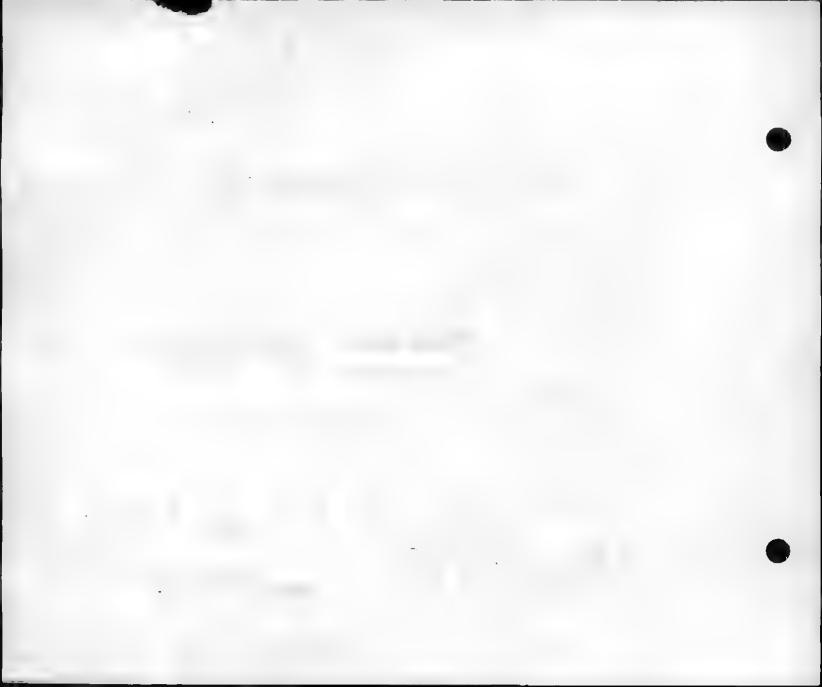
law remuires that the death certificate be executed within

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 13631 I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY WASHINGTON b. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 15 c CITY OR TOWN write RJRAL and give petti write RURAL AND BING SONOWARNIN 46 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? WESTERN MARYLAND STATE HOSPITAL NO X NAME OF First Middle DATE Manth Day Year DECEASED OF DEATH 19 6 AGE (In years IF UNDER 1 YEAR B. DATE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED 10b. KIND OF BUSINESS OR IDa USUA, OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ura 13. FATHER SANAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no-orunknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per In INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPSY PERFORMED? CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Haur 'a.m. While Not While factory, street, affice bldg., etc.) at work ot work 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at 125 AM, from causes and an the date stated above saw the deceased alive an 220 SIGHATUE DATE SIGNED M.D. PHYSICIAN S 22c NAME (Type) Hagersto BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d\_ LOCATION (City or Town) **∭**aunty 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

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## FOR STATE HEALTH DEPT.

rector. Page your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certific, writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral 4 should be far.

4 should be far.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours. After death.

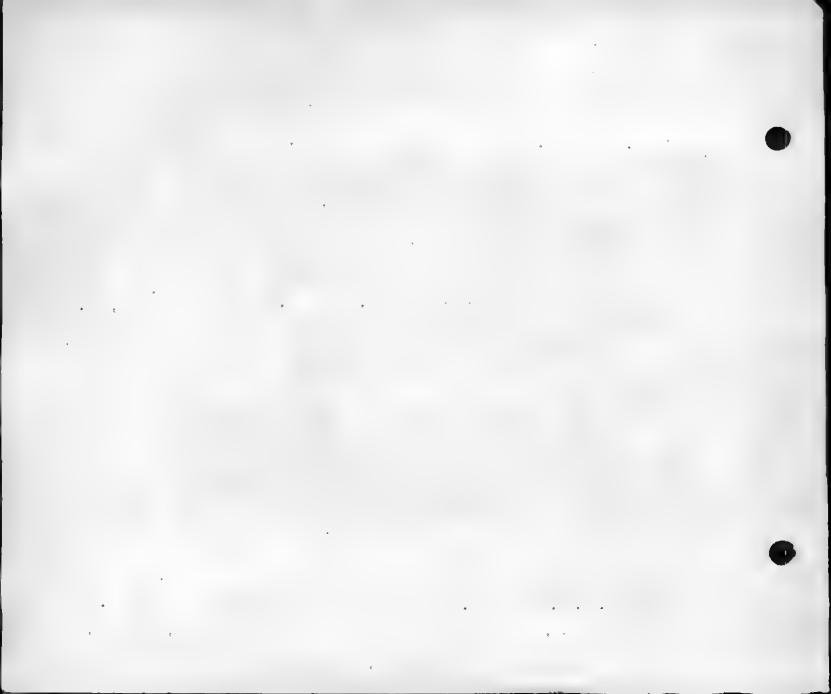
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

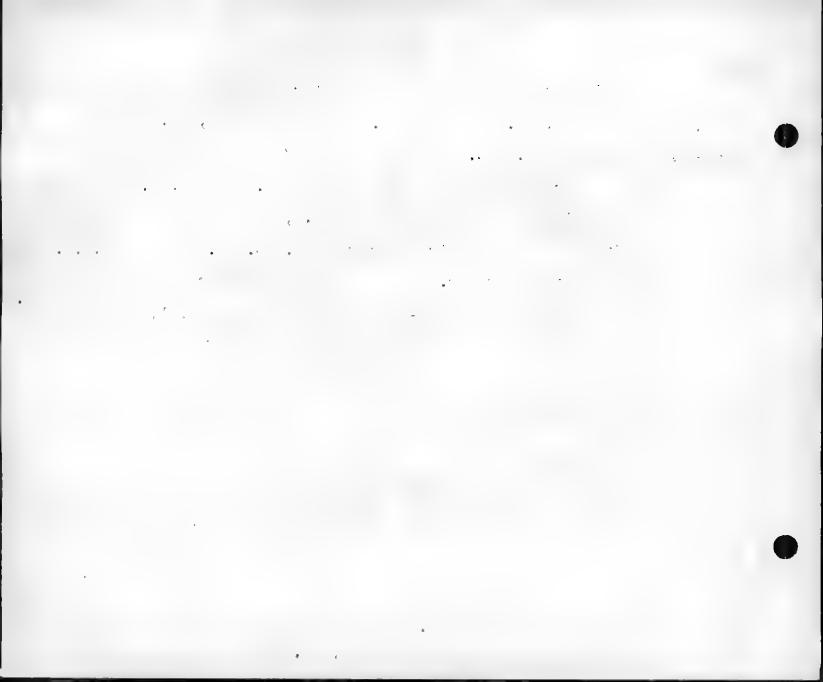
13632 Ren Dist No

1. PLACE OF DEATH  OCCUMPY Washington  MARTIAND  D. COUNTY Washington  MARTIAND  D. COUNTY Washington  MARTIAND  D. COUNTY Washington  MARTIAND  D. COUNTY Washington  D. COUNTY Washington  C. LINGTH OF STAY IN ID  C. CITY OF TOWN 81 cannot corporate faminary and a count of the country of the country washington  J. MANGER ST. COUNTY Washington  J. MANGER ST. COUNTY Washington  MARTIAND  J. MANGER ST. COUNTY Washington  J. MANGER ST. COUNTY Washington  MARTIAND  J. MANGER ST. COUNTY Washington  J. MANGER ST. COUNTY Washington  J. MANGER ST. COUNTY Washington  J. MARTIAND		W-14				
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236 N. LOCUST St. 236 N. LOCUST Street    Color   Colo	and give regrest low	m]		11	f outside corporate limits, write <sup>§</sup>	
NAME OF   LOCUST ST.   NAME	d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	hospital, give street address)			
DECRETO DEATH    DEATH   Sept   DEATH   Sept   DEATH   Sept   DEATH   Sept   DEATH   D		Locust St.		236 N.	Locust Street	
Toward   Country   Divorce   Divorce   Lay 14, 1913   Set toward   Logo   Hours   Min.   Set   Virginia   Set   Virginia   Visit   Logo   Hours   Min.   Set   Virginia   Visit	DECEASED				OF	
Seanstress   Sea	19	T.TL 4 + -	7.5	ay 14,1913	fast b rthday)	The second secon
Benjamin Clem   Rachael Snyder	during most of work	ing life, even if retired)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 29600001. Locust St 1700. Described in services 236-28-2024 Mr. Elwood G. Ferreboo Hagen town. Md.  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Coronary Occlusion  (b) Arteriosclerotic Heart Disease (co., storing the underlying (course lost.)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART II, OTHER SIGNIFICANT GOVERNOON GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART II, OTHER SIGNIFICANT GOVERNOON GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART III, OTHER SIGNIFICANT GOVERNOON GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART III, OTHER SIGNIFICANT GOVERNOON GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART III, OTHER SIGNIFICANT GOVERNOON GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED?  PART III, OTHER SIGNIFICANT GOVERNOON GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED.  PART III, OTHER SIGNIFICANT GOVERNOON GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED.  PART III, OTHER SIGNIFICANT GOVERNOON GIVEN IN PART 1(a) 139. WAS AUTOPSY PERFORMED.  PART III,	13. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME	
The control of the property	Benj	amin Clem		Rachae	l Snyder	
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  Conditions, if any, which gover rise to immediate course (b). Arterioscleratic Heart Disease  Conditions, if any, which gover rise to immediate course (c), stoling the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 195. WAS AUTOPSY PERFORMED? PERFORMED PERFORMED. PERFORMED PERFORMED. PERFORMED PERFORMED. PERFORME	(Yes, no, er unknown)	(If yes, give war or dates of service)	236-28-2024 M			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 199. WAS AUTOPSY PERFORMED?  200. EXTERNAL CAUSE WAS CAUSE WAS PERFORMED?  200. EXTERNAL CAUSE WAS CONTRIBUTING CONTRIBUTING COURSED CAUSE OF DEATH.  200. TIME OF INJURY Month, Day, Year While Not white of work of twork of twork of twork of twork of two work of	PART I DEA  420/ Conditions, if a gave rise to imme	ATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	oronary Occlusion			hour
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work   20e PLACE OF INJURY (Home, form, p. m. 19   While of work   19   19   19   19   19   19   19   1	PART II, OT	HER SIGNIFICANT CONDITION  USE WAS 206 DESC				PERFORMED?
opinion deoth resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined monner .  ACTUAL SIGNATURE . ACCIDENT MEDICAL EXAMINER . 9-2-67  EXAMINER'S NAME (Type) Dr. E. W. Ditto, Jr. DEPUTY MEDICAL EXAMINER . Hagerstown. Md.  220 BURIAL CREMATION 22b DATE THEREOF . Park Diverview Cemetery or CREMATORY . William sport, Naryland.  REMOVAL Specify . Sept. 5, 1967 . Riverview Cemetery . William sport, Naryland.	20c. TIME OF INJU	JRY Month, Day, Year 2	Vhile Nat while facts			(County) (State)
Furial Sept. 5, 1967 Riverview Cemetery Williamsport, Maryland.	opinion deoth  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  220 SURIAL, CREMATI	resulted from: Natural Strate of Dr. E. W. Ditte	al causes X. Accident	, Suicide ,	Homicide [], Undetern  KAMINER []  AL EXAMINER []  EXAMINER []  Hagersto	DATE SIGNED
	Turial	Sept. 1967			Williamsport,	Maryland.

**VS. A15ME** SM 2/57



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Washington
b CITY OR TOWN (If outside corporate limits, Maryland Washing
c. CITY OR TOWN (If cutside corporate limits, write RURAL and give nearest town) Washington MARYLAND c LENGTH OF STAY IN 16 write RURAL and give nearest town ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Clear Spring. Md. Route Hagerstown, Md. 60 hr 60 hrs. d STREET ADDRESS e IS RESIDENC ON A FARM? Route 1 YES NO Washington Co. Hes. 4 DATE NAME OF Lost completely f Year DECEASED OF 19 6 (Type or print) Samue] Luther Fierv DEATH event, EF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys ond in any WIDOWED DIVORCED Male 12. CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or foreign country) TOO USUAL OCCUPATION (Give kind of work done physician a nen please COUNTRY? during most of working life, even if retired) INDUSTRY Retired Farmer Wash Co. Md. II.S Farming 13. FATHER'S NAME burial, cremotion, or removal, Annie Spickler Samuel Luther Fiery Sr. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Md. (Yes, no. or unknown). If If yes give wor or dates of service) 215-36-7160 Mrs Eva Fierv Glear INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retoined by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year DIRECTOR: After this foctory, street, office bldg., etc.) Hour a.m. Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram. r, page 3 should I M. From touses and on the date stated above. and that death occurred at saw the deceosed alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should by 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (County) 9/22/67 Taber Cemetery 24 FUNERAL DIRECTOR 256 REC'D BY REGISTRAR 256 REGISTRARY SIGNATURE VR A15 (4) 20 M 1/66 Clear Spring, Md -



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3034

			MED	ICAL EXAMINE	K 3	CERTIFICATE C	I DEALL	1.00	45-45-55	
1.	PLACE OF DEATH					1	Where deceased lived, if in		e before admission	1)
	Na shing	eton		MARYLA	.ND	Maryland	b	Nashing	ton	
	b CITY OR TOWN (If	outs de corporate limi	ts,	c. LENGTH OF STAY IN	16		utside corporate limits, writ			
	Hagers	give neorest town)		D. O. A.		Gapland				
		L OR INSTITUTION (If n	nat in hospital, ș	give street oddress)		d STREET ADDRESS			e IS RES DE	
		gton Count							YES YES	<b>X</b> 0 🗆
3.	NAME OF DECEASED		irst	Middle		Last	DE	Month	Day Year	
	(Type or print)		ldine	Marie		aley	DEATH Septe	ember 4,	· · · · · · · · · · · · · · · · · · ·	67
S	SEX	6 COLOR OR RACE	7, MARRIED	NEVER MARRIED		B DATE OF BIRTH	9. AGE (In year	rs IF UNDER 1		M <sub>i</sub> n
	Fema le	White	WIDOWED	D VORCED		ct. 26, 196	5 1	rs. 10	8	77-11
f0d	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		fl. BiRTHPLACE (State	or foreign country)	rn.	ZEN OF WHAT	
L	ring most of working li None	ro, over w remed)		D031K7		Hagersto	wn, Md.	Ŭ.	S. A.	
13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
L	David L	. Fraley				Nancy L.	Bowman			
		R NUS ARMED FORCES? (If yes give wor or dates		SOCIAL SECUR TY NO.	17. f	NFORMANT		Address		
Ľ	No.	in yes give were or deles		None	M	. David L.	Fraley, Gap	land, Md		
	18 CAUSE OF DE	ATH (Enter only one co	use per line for	(a), (b), and (c).)			and dulama		INTERVAL BETW	
	PAKI I. Utali	H WAS CAUSED BY HMMEDIATE CAUSE	(0)	spiration			and fulmi	nating	Set in d	lays
		-	KKX V	iral gast:	roe	nteritis				
	Conditions, if ony,		(b)							
	stoting the under		E TO							
	lost.	)	(c)							
18	PART II OTHER SIG	IN FICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATE	ED 10 1	THE TERM WAL DISEASE CO	NDIT ON GIVEN IN PART 1(	1)	19. WAS AUTOF PERFORMED	יכן רס
FICAT ON									YES N	XX O
ZI EI	200 EXTERNAL CAU		20b DE	SCRIBE HOW INJURY OCCU	JRRED.	(Enter nature of injury in	Port I or Port I of tem f8	.)		
L CERT	CAUSE OF DEATH	NIDO IIIIO LI								
MEDICAL	20c TIME OF INJUI	RY Month, Doy, Year				E OF INJURY (Home, formany, street, affice bldg., etc.		n) (Cou	nty) (St	tote)
黑	p.m	19	While of work		TOUT	ory, sineer, arrice orag., etc.	1			
	21. I certify	that I taak charg	je of the ren	nains described abo	ve, he	ld an Autapsy 🔲,	Inspection 🛣	Inquiry,	and in my o	pinian
	death resulte	ed fram: Natur	al causes	Accident [],	Suic	ide 🔲, Homicide	Undetermine	d manner	,	
		71 6	11. 11	1		CHIEF MEDICAL	EXAMINER			
	ACTUAL SIGNATURE	Hound	nuc	Her		M_D ASSISTANT MED	CAL EXAMINER 🔲		22. DATE S	IGNED
	EXAMINER'S NAME (Type)	Howard N	. Week	s, M. D.	5	80 NOTTHE Address (Stree	t, city, fown or county)	lagerst	own 348	?
23	BURIAL CREMATION	N, 23b DATE TH	₹EREOF	23c NAME OF CEMETE	RY OR	CREMATORY	23d LOCATION (City	or Town) (	(County) (Sto	ote)
	Buriel	9- 6-	- 67	Bolivar Lu	the	ran Cemeter	y Bolivar,	West Vi	reinia	
2	4. FUNERAL DIRECTOR			ADDRESS		2So REC	D BY REGISTRAR 25	b REGISTRAR S SIT	GNATURE	
Jo	hn H. Bas	et. Jr. 110	N. Ma	in St. Boon	ehor	CO. MA. OSEP	7 1967	* hares	1 magio	

VR A15ME (5) 6M 1/67

FOR STATE HEALTH DEP

he Stote Deportment

nmessory, mease mixecute the certificate, writing the ward 'peading in panel in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page.

5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with Health prior to burial, tremation, or removal, and in any event within 72 haurs after death.

This certificate shauld be executed within 24 Cours ofter death. If

MEDICAL EXAMILIES:

any delay is



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13835 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH a. STATE **b** COUNTY o. COUNTY ely filled in by the function papers. Pages 1 c MARYLAND b CITY OR TOWN (if outside corporate limits c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town C LENGTH OF STAY IN 16 write RURA, and give nearest d STREET ADDRESS ( d NAME OF HOSPITAL OR INSTITUTION (If no) in hospital, give street oddress) NAME OF Middle 4. DATE (Type or print) 1967 IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 7. MARRIED **NEVER MARRIED** last birthday) Months WIDOWED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired) pup 14. MOTHER'S MAIDEN 13. FATHER S NAME 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates at service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🔀 ATTENDING PHYSICIAN: 20h DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of tem 18) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm 20f (City or town) (County) (State) 20d INJURY OCCURRED 20c TIME OF IN. JRY Month, Day, Year factory, street, affice bldg., etc.) Hour 'o.m. 1967 to 21. I certify that (I) (this haspital) attended the deceased fram. 19 67, and that death accurred at 3 45 PM, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an\_ 22o SIGNATURE director, page 3 ADDRESS 22d 22c. PHYSICIAN'S O HOSPITAL NAME (Type) BURIAL CREMATION. DATE THEREOF REGISTRAR'S SIGNATURE FUNERAL VR A15 (4) 25M 1/67

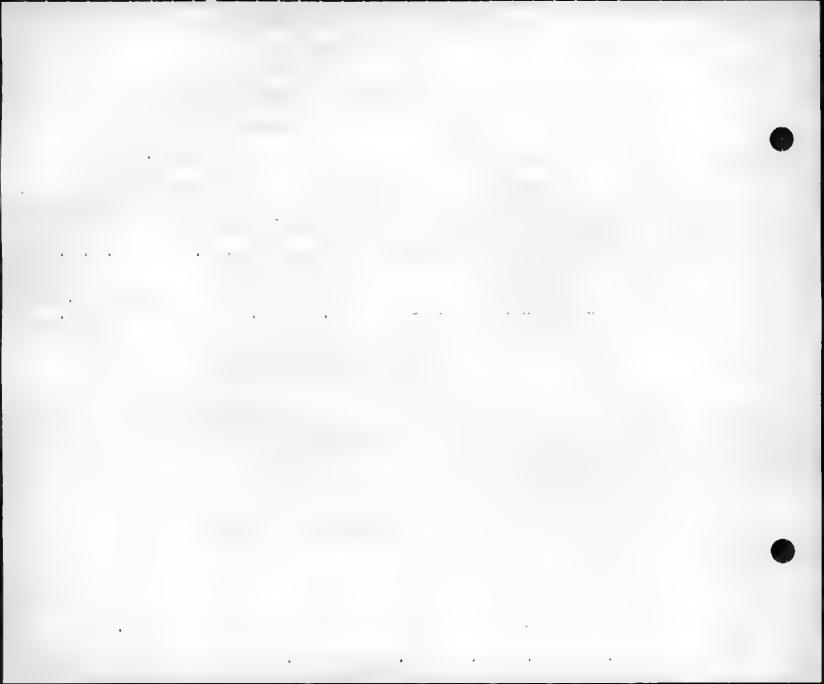


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

says the deceased alive on 19 G and that death accurred at M, fram causes and an the date stated abave.    220   S GNATURE   22b DATE SIGNED   22b DATE SIGNED   22b DATE SIGNED   22c DATE SIGN		10006		CERTIFICATE	OF DEATH		13636
D. COUNT (IT OF TOWN: IT Ordered capparate limits, and the control of the county is a state of t	1				2 USUAL RESIDENCE (	Where deceased lived, if institution	Residence before admission)
b (Iff OR TOWN (If outside capacite limits, write RURAL and give necess town)  His gerstown  If d ANALO FORDITAL OR INSTITUTION (If not in hospital, give street address)  Na shington County Hospital  Na shington Mark Hospital  N			190	MADVIANO	O. STATE	b. COUNTY	
Was PRIVATE AND THE STORY STORY   Was PRIVATE AND THE STORY ST	-	b CITY OR TOWN [	f outside corparate limits,				
d ANN OF HOSPITAL OR INSTITUTION (if nor in hospital, give treat oddress)   d STREET ADDRESS   No.   1761 Jefferson Blvd.   OR ARRIVE   NO.		write RURAL one	give nearest town)				- 1 /
Washington County Hospital   1761 Jefferson Blvd.   VI   NOT   N	$\vdash$	A NAME OF HOSPIT	AL OP INSTITUTION (If not in hospital	aine street address)		own	I o IS RESIDENCE
3 MAME OF PREASED (Type or purch)  Other Jee Gail Gaver  Sex 6 COLOR OR RACE / MARREID   NEVER MARRIED   B DATE OF BIRTH   September 30, 19 67  Sex 6 COLOR OR RACE / MARREID   NEVER MARRIED   B DATE OF BIRTH   Month of BIRTH						0.0	ON A FARM?
SEX   GOOR CRACE   7 MARRID   NOVER MARRID   B DATE OF BIRTH   9 AGE (In year's print)   19 67							
S SEX 6 COLOR OR RACE 7 MARRIED   NEVER MARRIED   B. DATE OF BIRTH   S. AGE (in years, ages berindly)   May 15, 1902   May 15,	13	DECEASED	1 1, 21			OF	,
Male  White  Whows Decided the same of the	-						
IDO SUSAL OCCUPATION (Sive kind of work done during discovery driving the sevent driving)   IDO SUSAL SECURITY NO.   IDO SURPERS SOR   IT BERTHPLACE (Country & Store or foreign country)   IDO SURPERS SOR   IDO SURPERS MADER NAME   IDO SURPERS SOR   IDO SURPERS S	1,				_	jost pirthday) N	
Social Section   Soci	J-						
Blacksmith Railroad Myersville, Md. U.S.A.  13. FATHER S NAME  Charles Gever  S. WAS DECESSED FYER IN US ARMED FORCES?  15. WAS DECESSED FYER IN US ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANI  Randa ITStown, Md. 21133  Mrs. Donne. J. Palmer, 3806 Hendon Rd.  18. CAUSE OF DEATH (Inter only one course per line for (o. 1.6), and (o.))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  PART A DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o.)  PART A DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o.)  PART A SHER SIGNIFFANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES COND. J.D. GIVEN IN PART 1/o.)  PART A SHER SIGNIFFANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES COND. J.D. GIVEN IN PART 1/o.)  PART A SHER SIGNIFFANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES COND. J.D. GIVEN IN PART 1/o.)  PART A SHER SIGNIFFANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES COND. J.D. GIVEN IN PART 1/o.)  PART A SHER SIGNIFFANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES COND. J.D. GIVEN IN PART 1/o.)  PART A SHER SIGNIFFANT CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES COND. J.D. GIVEN IN PART 1/o.)  PART A SHER SIGNIFFANT CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES.  PART A SHER SIGNIFFANT CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES.  PART A SHER SIGNIFFANT CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES.  PART A SHER SIGNIFFANT CONDITIONS CONTRIBUTING TO, DEATH BUT NOT BELATED IN THE THANMAL DECESSES.  PART A SHER SIGNIFFANT CONTRIBUTION CON					11 BIRTHPLACE (County	& State or foreign country)	
Charles Ge.ver  IS. WAS DECEASED EVER IN US ARMED FORCES?  16. SOCIAL SECURITY NO.  705-10-6653  Mrs. Domna J. Palmer, 3806 Hendon Rd.  18. CAUSE OF DEATH (Enter only one couse per time for (o. (b)). and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave no see to immediate cause (o). Storing the underlying couse (o). DUE TO  Conditions, if any, which gave no long the underlying couse (o). Storing County (o). St	L	Blacksmi					U. S. A.
IS. WAS DECESSED EVER IN US. AREAD FORCES?  [Yes, mo or inknown) [If we give wor of days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown) [If we give wor days of service]  [Yes, mo or inknown] [If we give wor days of service]  [Yes, mo or inknown] [If we give wor days of service]  [Yes, mo or inknown] [If we give wor days of service]  [Yes, mo or inknown] [If we give wor days of service]  [Yes, mo or inknown] [If we give wor days of service]  [Yes, mo or inknown] [If we give wor days of service]  [Yes, mo or inknown] [If we give wor days of service]  [Yes, mo or inknown] [If we give wor days of service]  [Yes, mo or inknown] [If we give wor days of service]  [Yes, mo or inknown] [Yes, more, more days of service]  [Yes, mo or days o		13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Test					Fannie S	hepley	
Tes 5-3-21 to 5-4-25 705-10-6653 Mrs. Donne J. Palmer, 3806 Hendon Rd.    18 CAUSE OF DEATH (Enter only one couse per line for (g), (h), and (c))   10		IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 1	NFORMANT	Randa 175t	own, Md. 21133
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO Conditions, if one, which gove note to immediate couse (a), storing the underlying couse (b)  STORY  PART A THER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED THE TERMINAL DISEASE COND T.O., GIVEN IN PART 1(a), PERFORMED?  PREPART A THER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T.O., GIVEN IN PART 1(b), PERFORMED?  PREPART A THERE SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T.O., GIVEN IN PART 1(b), PERFORMED?  PREPART A THERE SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T.O., GIVEN IN PART 1(b), PERFORMED?  PREPART A THERE SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T.O., GIVEN IN PART 1(b), PERFORMED?  PREPART A THE SIGNIFICANT TO THE TERMINAL DISEASE COND T.O., GIVEN IN PART 1(b), PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  YES DO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18)  TO CONTRIBUTING CIAUSES OF DEATH (IF EITHER, NOTIFY Month) Day, Yeor PART 1 or Port 11 of item 18)  TO CONTRIBUTION TO THE TERMINAL DISEASE COND T.O., GIVEN IN PART 1(b), TO THE TERMINAL DISEASE COND T.O., GIVEN IN PART 1(b), TO THE TERMINAL DISEASE COND T.O., TO THE TERMINAL DISEASE COND T.O., TO THE TERMINAL DISEASE COND T.O., STORY TO THE TERMINAL DISEASE COND T.O., TO THE TERMIN		Yes 5-3-	21 to 5-4-25 7	05-10-6653 Mr	s. Donna J.		
IMMEDIATE CAUSE (a) DUE TO Conditions, it ony, which gove nse to immediate couse (c). Stoting the underlying couse lost.    DUE TO   Stoting the underlying couse (c)   Stoting the underlying couse (c)   Stoting the underlying couse (c)   PARY   SHHER SIGNIFICANI, CONDITIONS CONTRIBUTION TO RELEVEN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a),   19 WAS AUTOPSY PERFORMED?   PARY   SHHER SIGNIFICANI, CONDITIONS CONTRIBUTION TO RELEVEN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a),   19 WAS AUTOPSY PERFORMED?   PARY   SHHER SIGNIFICANI, CONDITIONS CONTRIBUTION TO RELEVEN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a),   19 WAS AUTOPSY PERFORMED?   PARY   SHHER SIGNIFICANI, CONDITIONS CONTRIBUTION TO RELEVEN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a),   19 WAS AUTOPSY PERFORMED?   PARY   SHHER SIGNIFICANI, CONDITIONS CONTRIBUTION TO RELEVEN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a),   19 WAS AUTOPSY PERFORMED?   PARY   SHHER SIGNIFICANI, CONDITIONS CONTRIBUTION TO RELEVEN TO THE TERMINAL DISEASE CONDITION OF THE TERMINED   200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED (Fater nature of injury in Part 1 or Part 11 of them 18	Г	1B CAUSE OF DE	ATH (Enter only one couse per line fo	(a), (b), and (c).)	100	1 1	
so to time diacte couse (o).  Stoting the underlying couse (c)  PART ATHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO, DESCRIPTION TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT TO THE TERMINAL DISEASE COND. T.O. GIVEN IN PART 1 [o.).  PART ATHER SIGNIFICANT TO THE TERMINAL DISEASE COND. T.O. GIVEN TO T.O. D. T.O. GOVERNOR  TO THE TERMINAL DISEASE COND. T.O. GIVEN TO T.O. D. T.O. GOVERNOR  ADDRESS  PART (THE SIGNED TO THE TERMINAL DISEASE COND. T.O. GIVEN TO T.O. D. T.O. GOVERNOR  TO THE TERMINAL DISEASE COND. T.O. GIVEN TO T.O. D. T.O. T.O. GOVERNOR  TO THE TERMINAL DISEASE COND. T.O. T.O. T.O. T.O. T.O. T.O. T.O. T.		PART I DEAT		Mysend	in suf	alley "	ONSET AND DEATH
solution the underlying couse (c)    Solution   Country   Country		+00/	• • •			1. 0.	
Storing the underlying couse (c)    PART ACHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE COND. T.D. GIVEN IN PART 1[o], PERFORMED?   PART ACHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T.D. GIVEN IN PART 1[o], PERFORMED?   200 ACCIDENT WAS UNDERLYING	П			rteroder	stil Co	ALSO. Wy.	5 70 47
Sost.   (c)	П						-
200 ACCIDENT WAS UNDERLYING \\ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Month, Doy, Year \\ Hour a m \\ p m. 19			.'-7				
200 ACCIDENT WAS UNDERLYING \\ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Month, Doy, Year \\ Hour a m \\ p m. 19		PART A SHER SH	GNIFICANT, CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO			, 19 WAS AUTOPSY
20c TIME OF INJURY Month, Day, Year    Year	5	Klien	mater beauto	lis - all	of filer	elletin, HXG	
20c TIME OF INJURY Month, Day, Year    Year	- la	200 ACCIDENT WAS	UNDERLYING [ 20b 0	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury to	Port I or Port II of item 18.	stract = 4
20c TIME OF INJURY Month, Doy, Year Phour a m p.m. 19 20d INJURY OCCURRED While at work at wor						U	
Hour a m p.m. 19 While at work		5 20c TIME OF INDE	IRY Month, Doy, Year 20d	NJURY OCCURRED 20e PLAC	TE OF INJURY (Home, form	n 20f (City or lown)	(County) (State)
21. Legrify that (I) (this haspital) attended the deceased fram	1	Hour on	n. While		ory, street, office bldg., etc.	1 - 1 -	
say the deceased alive on	Н			100	500	106/ to Och	that // /wa) last
220 S GNATURE  M.D. ATTENDING X MED. DIRECTOR PHYS 22b DATE SIGNED  22c. PHYSICIAN S NAME (Type) 1135 Potomac Avenue Richard T Binford, M. D.  230 BJRIAL (REMATION, REMOVAL (Specify) 10-3-67 Boonsboro Cemetery Boonsboro M. D.  24. FUNERAL DIRECTOR PHYS 22b DATE SIGNED 22c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  24. FUNERAL DIRECTOR DATE OF REGISTRARS SIGNATURE	ı			19 6 Pand Hat	death accurred at	/ "	
22d. ADDRESS NAME (Type) 1135 Potomac Avenue Richard T Binford, M. D.  230 BJRIAL (REMATION, REMOVAL (Specify) 10-3-67 Boonsboro Cemetery Boonsboro M. D.  24. FUNERAL DIRECTOR  25. REC By REG STRAR, 1250 REGISTRARS SIGNATURE			11 11/17	0, (//			22b. DATE SIGNED
NAME (Type) 1135 Potomac Avenue Richard T Binford, M. D.  230 BJRIAL (REMATION, REMOVAL (Specify) 10-3-67 Boonsboro Cemetery Boonsboro, Md.  24. FUNERAL DIRECTOR  REAL TRANSPORT REGISTRARS SIGNATURE		1 Kid	W 17	me MI	ATTENDING XX	MED. STAFF PHYS. 12	October 1967
230 BJRIAL (REMATION, REMOVAL (Specify)  10-3-67  230 NAME OF CEMETERY OR CREMATORY  Boonsboro Cemetery  23d LOCATION (City or Town) (County) (Stote)  Boonsboro Cemetery  24 FUNERAL DIRECTOR  250 REC BY REG STRAR, 1-255 REGISTRAR'S SIGNATURE		Zc. PHYSICIAN S					
BUTIE 1 10-3-67 Boonsboro Cemetery Boonsboro Ma.  24. FUNERAL DIRECTOR  ADDRESS   250. REF D. BY REG STRAR.   250 REGISTRAR'S SIGNATURE		NAME (Type)	1135 Potomac Av	enue Richard	T Binford,	M. D.	
BUTTET 10-3-67 Boonsboro Cemetery Boonsboro Md.  24. FUNERAL DIRECTOR ADDRESS 250. REF D BY REG STRAR. 1250 REGISTRAR'S SIGNATURE	2	30 BJRIAL, CREMATIC	ON, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR ADDRESS 250. REC D. BY REG STRAR . 1 255 REGISTRAR S SIGNATURE		Burial (Specify	10- 3- 67	Boonshore C	emet env	Boonshore - M	
	,,-			ADDRESS		D BY REG STRAR 256 REGIS	TRAR'S SIGNATURE
John H. Bast, Jr. 112 N. Main St. Boonsboro Md DATE UCT 4 196/ Itliantes Judge		John H. B	est. Jr. 112 N. 1	ain St. Boonsh	oro Md DATE	U1 4 196/ gc	liantes Judge

1 and 2 ampletely filled in by the typeral vectorby forms and 2 and 2 vector within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and famples director, page 3 shauld be detached for use as the burial-transit permit. Then please remove care should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any exent. Page 4 may be retained by the haspital or attending physician. 183 1019

VR A15 (4) 25M 1/67



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFICATE	OF DEATH		13837
		PLACE OF DEATH			Vhere deceased lived, if institution. Re-	sidence befare odmissian)
		WASHINGTON	MARYLAND	o. STATE MARY	LAND b. COUNTY	WASHINGTON
	-	CTY OR TOWN (If autside corparate limits, write RUBAL and aive neorest tawn)	c LENGTH OF STAY IN 16		tside corporate i mits, write RURAL and	give nearest tawn)
		write RUBAL and give neorest town) HAGERSTOWN	3 YEARS		RSTOWN	7./1/
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	rive street address)	d. STREET ADDRESS	TO MATEL ALITABILITY	e IŠ ŘÉS DĚNCĚ ON A FARM?
N		COFFMAN HOME FOR AGED			T MAIN AVENUE	YES NO X
. /	- [	NAME OF First	Middle	Last	4. DATE Month OF	Doy Year
	5 5	Type or print) WILLIAM  EX 6 COLOR OR RACE 7 MARRIED	MONROE  NEVER MARRIED   8	GIFFIN DATE OF BERTH	DEATH SEPTEMBER  9. AGE (In years   IFUN	DER I VEAR LIF JNDER 24 HRS
		364 THE STATE OF T	DIVOPOSED		last birthday) Mont	
		USUAL OCCUPATION (Give kind of work done 10b KII	ND OF BUSINESS OR	DECEMBER 7	1888 78 Yrs   13	2. CITIZEN OF WHAT
	deserv	or of a vorking life even if ret red) [MI	ESTONE MFG.	1	WASH.CO. MD.	COUNTRY?
		FATHER'S NAME		14. MOTHER'S MAIDEN N		U.a.D.a.R.a.
		EMMANUEL GIFFIN		SARAH JO	OHNSON	
	15.	WAS DECEASED EVER IN _ S ARMED FORCES? 16. S	OCIAL SECURITY NO 17 II	NFORMANT		MULBERRY ST.
	(1.03	s, no, or unknown) (If yes give war ar dates of service) 22	0-10-3860 MR	. WILLIAM E.	GIFFIN HAGERST	•
		18. CAUSE OF DEATH (Enter only one couse per line for	(a), (b), and (c).)	·		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	lateral lol	inlac for	elemore in	4-3 day
		Conditions if any which make 3		V		
		Conditions, if any, which gave nse to immediate cause (a).				
		stoting the underlying couse last. DUE TO				
	-1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
	NOL	· · · · · · · · · · · · · · · · · · ·	extraples ger	11 - 1 -	sclic Senclits.	PERFORMED?  YES NO TY
y.	CERTIFICATION	20g ACCIDENT WAS JNDERLYING ☐ 20b DES	SCRIBE HOW INJURY OCCURRED (			1.2 1.3 1.3
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,		,	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d IN		E OF INJURY (Hame, form		(County) (State)
	MEI	Hour a.m. While at wark		ary, street, affice bldg., etc.)		
		21. I certify that (i) (this viscount), attend	led the deceased from 🛭	Zu (12 , 1	9 <u>6 7</u> , ta <u>SeA 7 7 ,</u> <u>1/ <sup>30</sup> M, fram causes and a</u>	19 <u>67</u> , that (I) (type) last
		saw the deceased alive an 9/7	1962, and that	death accurred at		
		220 SIGNATURE	/.		MED. STAFF	D. DATE SIGNED
		22c. PHYSICIAN S	O 777 M.D	PHYS L.X	DIRECTOR L. PHYS L. S	EPT. 9, 1967
		NAME (Type) EDWARD W. DITTO	. III		SHINGTON ST. HAGE	RSTOWN MD.
	230.	BUR AL CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) BURIAL 9/11/67	SAMPLES MANO		SHARPSBURG WA	, , , ,
	24	FUNERAL DIRECTOR	ADDRESS	250 CREC 2	BY REGISTRING 250 JUNE 1	
i)		CHARLES M. ROUZER, HAGE	RSTOWN, MARYLA	ND. DATECE	P 1 3 1967 Pelis	what hudges

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely-fittled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages abould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event with the State Dept. Poge 4 moy be retained by the hospital or attending physician. VR A15 [4] 25M 1/67

P . 6 ē

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, with 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hillurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH

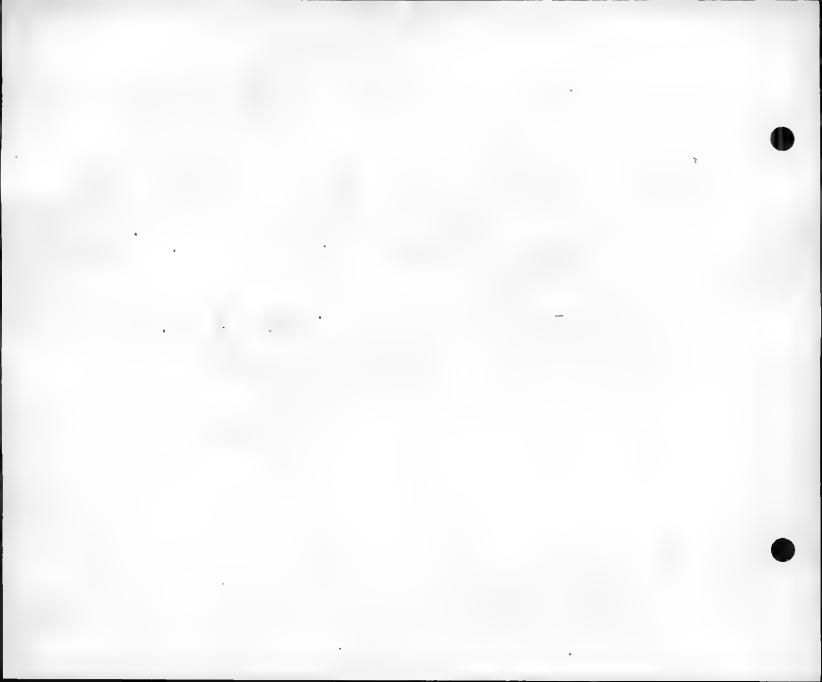
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13038

13034

CERTIFICATE OF DEATH

L												
	PLACE OF DEATH o. COUNTY		·			2 USUAL RESIDENCE (	Nhere dec	eased lived, if institut	on. Residenc	e befar	e adm ssio	n)
		ngton		MAR'	YLAND	Maryla	and	Washin	gton			
	b. EITY OR TOWN (If or	utside carparate limits,		c LENGTH OF STAY		c CITY OR TOWN (If ou	itside carp	orate limits, write RUF	At ond give	neores	t tawn)	
	nagersto	WIL		32 Mos	3	Hage	erst	own				
Τ	d name of Hospital (	OR INSTITUTION (If not in b	aspital, g	ive street address)		d STREET ADDRESS				1	e IS RESID	ENCE PM2
	319 N	o Cannon A	ve			33 No Lo	cus	tst				NO KK
	NAME OF DECEASED	First		Middle		Last	4. DAT			Day	Yeo	ır
	(Type or print)	CHARLES	W	ILLIAM.	GI	RAMS	DEA:	m gept 1			19	
S	SEX 6.	COLOR OR RACE 7. M	ARRIED	NEVER MARRIE		DATE OF BIRTH		9 AGE (In years	Months 1	YEAR Days	Hours	24 HRS Min
	Male	White w	DOWED	DIVORCEI	D A	ag 31 1876	Ċ	91st birthdoy)	MOIIII13	Duys	110013	2971911
	USUAL OCCUPATION (Gi			D OF BUSINESS OR		11 BIRTHPLACE (County	& State, or	foreign country) Mo	12 CIT	ZEN OF	WHAT	
U LET	Mainter	ance	R	etired	Bı	rkettsvil	lle	Fred. Co	U	NIRY?		
13.	FATHER'S NAME					14 MOTHER'S MAIDEN I						
	Jone	than Gram	3			Lydia Tr	ritt					
15	WAS DECEASED EVER IN	U.S. ARMED FORCES? yes give war ar dates af servi		OCIAL SECURITY NO	17 II	NFORMANT		Addre	55			
fire	No	tes disa mai ai agies ai seisi	21	4-10-4213	Lee	R. Grams	319	No Cann	en A	ve		
	IB. CAUSE OF DEATI	l (Enter anly one couse per	line for (	(a), (b) and (c))	/	Hagers	town	Мода			RVAL BET	
	PART I. DEATH V	WAS CAUSED BY	er	Keins	20/1	estel	16/50	aut ()	0 80,	200	SET AND D	FAIH
	t	DUE 10	0.	/	17	) -2-		0.	0			
	Conditions, if any, wh		Te	ulti	le	rele	126	Klerk	2			
	stating the underlying											
	last.	) (c)										
3	PART II. OTHER SIGNI	FICANT CONDITIONS CONTRIB	BUTING TO	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COM	O MOITIGH	IVEN IN PART I(a)		19	WAS AUTO PERFORME	PSY D?
CERTIFICATION	Rea	MOS I	121	11200/12	576	ue u	ree	uea)				NO 🗀
STE.	20a ACCIDENT WAS UN OR CONTRIBUTING		2014 DES	CRIBE HOW INJURY O	CCURRED. (	Enter nature of injury in l	Part I or F	Part II of Item 18.)				
	(IF EITHER, NOTIFY MED		V /									
MEDICAL	20c TIME OF INJURY Haur a.m.	Manth, Day, Year	20d. 1N. While	JURY OCCURRED  Not While		E OF INJURY (Hame, farm rry, street, affice bldg., etc.)		(Lity or town)	(Cour	nty)	(5	State)
×	p m.	19	at wark		1000	iry, street, drince blug., etc.)						
		thet (1) (th)'s haspital)	attend	ed the deceased	from Se	ine 19-67	9_45	to deet	, 19	_, th	at (I) (v	ve) las
	saw the decay	ased alive on 9	-/3-	-67 19	gód thát	death accurred at	7 20	M, fram causes				above
	22a. SIGNATURE		~	DUCKI		ATTENDING	MED	STAFF T		E SIGNI		
	OU DUNIELANCE	reación		en/	MI.D	PHYS 22d ADDRESS	DIRECTOR	L_ PHYS. L_	9-	16-	-01	
	22c PHYSICIAN'S NAME (Type H')	ancisco E.	Ros	illo, M.	D.	580 Nort	herr	Avenue				
22.										ř	12.	
230	BUR AL, CREMA! ON, REMOVAL (Specify) Burial	23b DATE THEREOF	*	23c NAME OF CEM	_		4	LOCATION (City or To-		County)		iote)
24	FUNERAL DIRECTOR	19/18/67 Hagers w	1 W L	223900ADM	alle	2So. REC'D		ust Vall	GISTRAR S SI	red		w.G
4.9		. Cottman			re T				Total			الأم



# MARYLAND STATE DEPARTMENT OF HEALTH

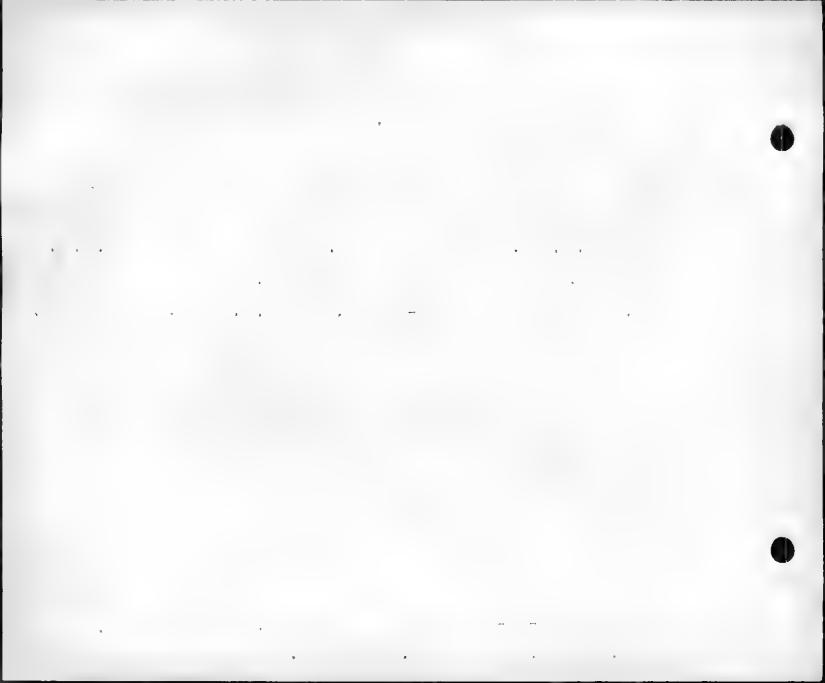
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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J	4.3	47	1)	2

	CERTIFICATE	OF DEATH	~	
1. PLACE OF DEATH  o. COUNTY Na shington	MARYLAND	2. USUAL RESIDENCE (*  o. STATE Maryland	Where deceosed lived, if institution Res d b. COUNTY THE Shit	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hegerstown	c LENGTH OF STAY IN 15  2 Wice.	Brownsvi	utside carporate limits, write RURAL and g	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g Washington County Hospi	,	d STREET ADDRESS		e is residence on a farm? Yes \ n \ N
NAME OF First DECEASED (Type or print) Cecil	Middle Sigler Hai	Lost Lnes	4. DATE Month OF DEATH September	Doy Year 17. 19 67
S SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	Date of Birth	9 AGE (In years IF UNDE lost birthday) Months	R 1 YEAR IF UNDER 24 HRS
10o USUAL OCCUPATION (Give kind of work done 10b. KI	nd of Business or, Dustry Clerk ming & Store Ro	11 BIRTHELACE (County	& Stote, or foreign country) 12 y, Ohio	CIT ZEN OF WHAT COUNTRY? U. S. A.
Charles W. Haines		Sarah A.	Mc Bride	
(Yes, no, or unknown) (Iff yes give wor or dotes of service)		Myrtle A.	L. Haines, Browns	ville, Md.
18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)		rise,		INTERVAL BETWEEN ONSEL AND BEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. (c)	Hete ?	replie	tes with	5 day
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISPASE COL	ND T ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES 🔀 NO
OR CONTR BUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of item 18)	
20c TIME OF INJURY Month, Doy, Yeor Hour o m. 19 while of wor	Mot While my foct	CE OF INJURY (Home, form ory, street, office bldg., etc.		County) (Stote)
21. I certify that (1) (this haspitol) atten- saw the deceased alive an	ded the deceased frame	death occurred at	96/, to NAX/, 19 M, from rouses ond on	(1), that (1) (we) last the dote stoted obove
220 SIGNATURE Telle Le	lan M.	1444.00	MED. STAFF 22b.	DATE SIGNED 8124 19, 1987
22c PHYSICIAN S NAME (Type) G-U.	evan	22d ADDRESS	instore,	Ing
230 BURIAL, CREMATION, PRINCIPLE CONTROL PRINCIP	23c NAME OF CEMETERY OR CEMETE	eighte Cem.	23d .OCATION (City or Town)  Brownsville Me	(County) (State)
John H. Bast, Jr. 112 N. M	ADDRESS		D BY REGISTRAR 256 REGISTRAR	SIGNATURE

TO MORPITAL OF ATTENDING PHYSICIAM: The law requires that the demit certificate be executed within 20 hours after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 after should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withma 22 hours after digit



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Л	12036		CERTIFICATE	OF DEATH		13040
	PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived, if institution	
	o COUNTY	Washingt	on Maryland	o. STATE	Md. b. COUNTY	Washington
	b CITY OR TOWN (	f outside corporate imits, give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If o	utside corporate limits, write RURA	l and give nearest fawn)
L	Highfi	eld	Life	l I	lighfield	
	d, name of hospit	AL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO Sec
	NAME OF	First	Middle	Lost	4 DATE Month	Day Year
	DECEASED (Type or print)	Nona	May	Huppel	OF DEATH Sept.	25. 1967
5	SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	0 400 0	IF JNDER 1 YEAR   IF UNDER 24 HRS   Months   Doys   Hours   Min
	'emale		DOWED X DIVORCED	6/19/1884	83 yrs	
	USUAL OCCUPATION ang most of working HOUSE W	(Give kind of work done life_even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	,	y & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	HOUSE W	lie		Cascade, M		U.S.A.
15.	_	U Vattaman				
15		W. Kettoman RINUS ARMED FORCES?	16 SOCIAL SECURITY NO. 17.	Carrie E	Address	
(Ý	es, no, or unknown) N	(If yes give wor or dates of serv	(e)	Fred Happe		
-		ATH (Enter only one couse pe		rreu nappe	T UTENTI	eld Md.
	PART   DEA	TH WAS CAUSED BY	Centr Murza	ideal &	Harction	STYSET AND DEATH
	1201	IMMEDIATE CAUSE (e) L DUE TO				3 (0 ,000)
	Conditions, if any		aidiac alc	onyluna	troy acent	1 1-2 whs
	rise to immediat					
	last.	(c)				
₹	PART IF OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
CAT						YES NO LY
CERTIFICATION		UNDERLYING [_]  CAUSE OF DEATH  MEDICAL EXAMINER)	20% DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of Item 18 )	
MEDICAL	20c TIME OF INJU	IRY Marth, Day, Year		ACE OF INJURY (Home, for		(County) (Stote)
A	nour ou	10	ot work at work for	tory, street, office bldg., etc	)	
	21. I certi	y that (I) <del>(this hospital</del> )	attended the deceased fram_	7-15	1967, 10 9-25-	, 19 <u><b>67</b>, that (1)</u> ( <del>we)</del> las
		ceased alive an 9	- 2 6/, and the	t death accurred a	M, fram causes ar	nd an the date stated above
	220 SIGNATURE	anyt	1 rang IL	D PHYS	MED STAFF DIRECTOR PHYS	226 DATE SIGNED 9-67
	22c PHYSICIAN'S NAME (Type	Harry H.	Youngs Jr.	22d. ADDRESS Blu	e Ridge Summit	Pa.
230	BURIAL, CREMATIC	N, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY .	23d LOCATION (City or Town	n) (Caunty) (State)
	Burial Specify		Bethel	•	Lantz #1	Frederick Md.
24	FUNERAL DIRECTO	R 21 4 a	ADDRESS			STRAR'S S GNATURE
1	Maple	J. Hore	Waynesboro Pa.	DASE	29 1967 yel	contes Judges:
	Ca				V	0 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cumpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers, a Pages 1 and 2 should be detached for use of the burial, cremation, ar removal, and in any event, within 74 hours after degramment. TO NOSPITAL ON ATTINOING MIVICIAM: The law requies that the death certificate is executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



d 2

event

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

LOCATION (City or Town)

(County)

Wash

(Stote)

13036	CERTIFICATE	OF DEATH	Ĭč	3641			
PLACE OF DEATH O. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (N	Where deceosed lived, if institution Reside b. COUNTY dashington	nce before admission)			
b. CTY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Hagerstown	2 Weeks	c CITY OR TOWN (IF ou	iside corporate limits, write RURAL and gri	ve nearest town)			
d NAME OF HOSPITAL OR INSTITUTION (If not in h Washington Count		d STREET ADDRESS  36 E.	Washington St	e IS RESIDENCE ON A FARM? YES NO			
3 NAME OF DECEASED (Type or point) GROVER	LEON HARPE	Last	4. DATE Month OF DEATH Sept. 11	Doy Year 1967 19			
S SEX 6 COLOR OR RACE 7. N  Male White W	ARRIED NEVER MARRIED E	Date of Birth June 19 19	9 AGE (In years let LNDER lost birthdoy) Months				
10c LSUAL OCCUPATION (Give k nd of work done during most of working life, even if retired) U. S. A. T. M. V.	10b. KIND OF BUSINESS OR INDUSTRY Retired	Hagerst	8 Stote, or foreign country) Md 12 (	ITIZEN OF WHAT DUNTRY? SA			
IS WAS DECRASED EVER IN U.S. ARMED FORCE S? (Yes, no, or unknown) (If yes give wor or dgles of services) (If yes give wor or dgles of services)	TOET	14. MOTHER'S MAIDEN I	Semler Address	ach St			
IB. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).)  CARCINOMA, RIGHT (	Hager	stown Md.	ONSET AND DEATH			
DUE TO	WITH EXTENSION INT PERIHILAR TISSUES.	MIDDLE LO	OBE BRONCHUS AND	11 MONTHS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  Metastatic involvement  pleura,  200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING, CAUSE OF DEATH  OF THE PROPERTY OF DEATH  OF THE PROPERTY O		Lymph nodes	, pericardium, righ	19 WAS AUTOPSY PERFORMED? YES XX NO			
UF EITHER, NOTIFY MEDICAL EXAMINER)  20r TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	20c TIME OF INJURY Month, Doy, Year Hour a.m. 20d INJURY OCCURRED While Not While Store) Volume of Injury (Home, form, form, fortory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceosed from	10/26, 1 death accurred at	9 <u>66</u> , 40 <u>9/11</u> , 19 1:45 M, from causes and an i	67, that (I) (we) lost the date stated above			
220 SIGNATURE Q. Man	2000 M.D		MED. STAFF 22b C	DATE S GNED / 67			
22c PHYSICIAN'S NAME (Type) A. Mandell.	M.D.	22d ADDRESS	antistan Si				

23c NAME OF CEMETERY OR CREMATORY

Cedar Lawn Mem Park Hagerstown
Md. ADDRESS 250 RECD BY REGISTRAR 25b 846
Ineral Home Inc DEP 19 1967

9/13/67 Cedar Lawn Mer Hagerstown Md. ADDRESS Coffman Funeral Home Inc

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remayer tasking papers. director, page 3 shauld be detached far use as the bur'al-transit permit. Then please remg shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in an Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

230 BURIAL (REMATION REMOVAL (Specify) BULT 1 & DIRECTOR

23b DATE THEREOF

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

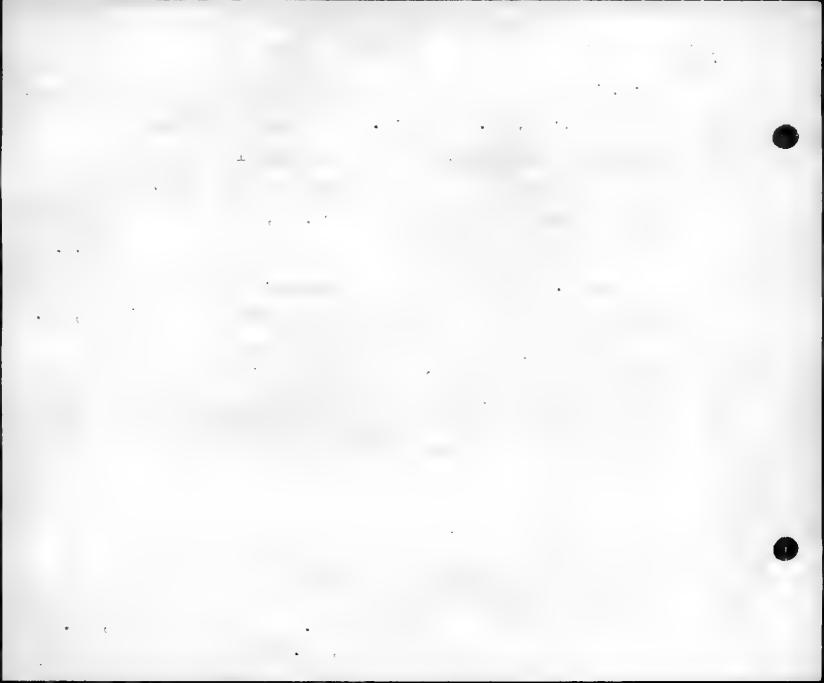


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #6391.10/3/67.ph CERTIFICATE OF DEATH 13042 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Washington
b CITY OR TOWN (If outside corporate I mits, MARYLAND Marvland Washington C LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Clear Spring Clear Spring 26 d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? YES NO I Route 1 Residence Reute 3 NAME OF Middle Lost 4 DATE Month Year DECEASED (Type or print) Hart Sept Annie DEATH S. SEX AGE (In years IF JNDER 1 YEAR 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last burthday) Months Doys Hours DIVORCED WIDOWED White Female 100 JSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) U.S.A. INDUSTRY Home duties Hause werk 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Rehecca Faulkwell Wilson W Widmyer
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Big Spring Orville Ernst CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). **DUE TO** stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICAT NO 200 ACC DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port It of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not While 196 23, 1967, that (1) (we) lost 21. I certify that (1) (this hospital) ottended the deceased from\_ 7. to 19 6 7, and that death occurred of 10:30M. From couses and on the date stated above. saw the deceased alive on-22b. DATE SIGNED 22a SIGNATURE ATTENDING MED STAFF PHYS.  $\mathbf{x}$ DIRECTOR 9-25-67 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN S 21740 F Rosillo, Hagerstown, Md. NAME (Type) 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Rose Hill Cem. Clear Spring 24. FUNERAL DIRECTOR

The law requires that the death certificate be executed within 24 hours after death. lease remave carban papers. Pages 1. and in any event, within 72 haurs after by the f Pages completely gud physician a burial, crematian, ar removal, attending phy permit. Then permit. the signed by the burial-transit p Page 4 may be retained by the haspital or attending physician. be detached for use as the State Dept. af Health prior to O FUNERAL DIRECTOR: After this certificate director, page 3 shauld shauld be filed with the

VR A15 (4)



CERTIFICATE OF DEATH

	1000			CERTII	ICAIL	OF DEATH					
1	PLACE OF DEATH					2 USUAL RESIDENCE (W	here deceased				on)
	o. COUNTY Washingt	on		MAR	YLAND	o. SIATE Maryland		Mash Coun	ington		
	b. CITY OR TOWN (	If outside corporate limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outs	ide corparate				
	Hageret	d give nearest town)		27 Years		Hagerston	m				1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	ın haspital, g	ive street address)		d STREET ADDRESS		-		e IS RESI	DENCE
1	Washingt	on County H	ospita	1		20 Snyder	Ave.			YES 🗌	NO.
3	NAME OF	First		Middle	-	Lost	4 DATE	Month		Day Ye	101
Ł	(Type or print)	Marie	I	rene	Har	tman	DEATH	Septemb			67
\$.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ן ומטו	B. DATE OF BIRTH		(GE (In years	Months D		R 24 HRS
	Female	White	WIDOWED	DIVORCE	0 🗆 J	an. 5, 1914		7-2 yrs		.පී	34.41
	o USUAL OCCUPATION rang most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		17 BIRTHPLACE (County &	State, or foreig	lu conu <sub>lit</sub> k)	12 CITIZE	EN OF WHAT	
L	None					Funkstown				S. A.	
1	3 FATHER'S NAME					14. MOTHER'S MAIDEN NA	AME				
		. Hartman				Mary E.					
		R IN U.S. ARMED FORCES? (If yes give wor or dates of s	ervice	OCIAL SECURITY NO.		NFORMANT Hartma		Hage	-		
L	No.		N	one	Mrs	. Mary E. Cl	lark, 2	20 Snyde	r Ave.		
		EATH (Enter only one couse TH WAS CAUSED BY:	•	1 /- ( /- 1 / /	0					ONSES AND I	TWEEN DEATH
1	1 = // >/	IMMEDIATE CAUSE (o	M	ETASTATIO	2	MACINOMA				011317,010	-
	Conditions, if any	DUE TO			-	RECTO- SIG.				3	
	rise to immediat	a couse (o)	/	MCIHOMA	01/-	6600-210	~~ 0~ y				
	stating the under	* * * * * * * * * * * * * * * * * * * *									
		Chifficant compitions con		O DESTRI DIT NOT DE	LATED TO T	HE TERMINAL DISEASE CONC	MITON CIVEN	INI DADT I (a)		19 WAS ALT	NPSV
1 8	PART IT OTHER SE	ONIFICANT CONDITIONS CON	II KIBUTING T	O DEATH BUT WAT KE	LARED TO T	HE TERMINAL DISEASE COND	AHUN GIVEN	IN PAKT I(0)		PERFORM	IED5
CEPTIFICATION	200 ACC DENT WAS	CHAPTER VINCE	20h DES	COIDE HOW INITION C	CCHIPPED (	Enter nature of injury in Po	art Lor Port 15	of stam 19 1		AE2	NO U
103.	OR CONTRIBUTING	CAUSE OF DEATH	200 063	SCKIDE HOW INJURY O	CCORRED (	Enter notine or injury in Fi	JIII GI POJI I	di neni re j			
	I TIE PHETER, NUMBER	MEDICAL EXAMINER) JRY Month, Day, Yeor	20d IN	JURY OCCURRED	20e PLAC	E OF INJURY (Home, form,	20f. (	City or town)	(County	w)	(Stote)
Fhicat	Hour a.r	П.	While	Not While		ory, street, office bldg., etc.)		ar y o nom y	(656.1)	11	(51516)
Т	21   conti	fy that (I) (this haspi	of work		5-am 2	A DEO. 10	(04) to	23 SEPT	1067	t that (1) (	vuol laut
	saw the de	rensed aliveran. 2	3 5-m.	1967	and that	death accurred at_		fram causes a			
1	220. SIGNATURE			,,,,,					22b. DATE		2 680,0
Н	1 0	2 the	2		M.D		MED DIRECTOR [	STAFF D	2585	T. 196	7
	22c PHYS CIAN S			-		22d ADDRESS	(	11	1	1	
	NAME (Type)	W. M. 1-	ハスカリ	R		218 M. Po-	المسدود	عدلا ١٠٠٠	SULTER L	Jul M3	h
2	30 BURIAL, CREMATIC	DN, 236. DATE THER	FOF	23c NAME OF CEM	ETERY OR (	REMATORY	23d LOCA	TION (City or Tow	m) (Cc	ounty) (S	State)
	Burial Burial	9- 26	- 67	Funksto	wn Ce	metery	Funk	stown.	Md .		
	24. FUNERAL DIRECTO			AD DRESS		2So. REC'D	BY REGISTRAR	2Sb REG	SISTRAR'S SIGN		
J	ohn H. Ba	st. Jr. 112	N. Mo	in St. Bo	onsbo	TO -Md - DATE SEL	P 2.7	1967 /	Charle	as June	(California

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. 10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fungzal director, page 3 should be detached for use as the burial-transit permit. Then please remove carboa papers. Pages Prond. 72 hours oft director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, with Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



funeral and 2 death. TO PERFITAL OR STREMENT PRYSIEM. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bit is director, page 3 should be detached for use as the burial-transit permit. Then please remove canon papers. Page I should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours, after MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3644

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Washington MARYLAND	a. STATE Md. b. COUNTY Wash.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 76 years	Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
1524 Sherman Ave.	1524 Sherman Ave. ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Joseph Glenn F	lellane Death September 2, 1967
	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  1
male   white   widowed   DIVORCED	8-7-91   Isst of the Days   Hours   Min.
1Da. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  1Db. KIND OF BUSINESS OR INDUSTRY  1Db. KIND OF BUSINESS OR INDUSTRY  1Db. KIND OF BUSINESS OR INDUSTRY  1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Hagerstown, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Hellane	Julia B. Brady
(Vee no as unbown) ((fivernise was as dater of coming)	INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) 705-10-6221 M	rs. Ruth Hellane, Hagerstown, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONARY Occlusio	
DUE TO	
Conditions, if any, which \	ve Cardio Vascular Disease. Several years
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
CAT	PERFORMED?
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm.   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Hour a.m.   While   Not While   facto   at work   at work	ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from F	eb. 2, 1965, to Sept. 2, 1967, that (I) (we) last
	death occurred at LO PM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
1. TID of utt M.C	ATTENDING MED. STAFF PHYS. D 9-5-67
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. E. W. Ditto, Jr.	Hagerstown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) 9-6-67 Rose Hill	Cemetery Hagerstown, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Minnich Funeral Home, Hagerstown,	Md. DATE SEP 8 1981 pinceners years
	1 5/815

VR AI5 (4) 20M 1/65



TO FUNERAL BIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in My event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MAKTLAND STATE DE	PAKIMENIUF	HEALIH	
DIVISION OF STATISTICAL	. RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORI	E 1. MARYLAND
13041	CERTIFICATI	E OF DEATH	•	13645

L	1. PLACE DE DEA	TH		2.	USUAL RESIDEN	ICE (Where decease	sed lived, If Insti	itution: Resider	nce before admission
1	Washington MARYLAND				a. STATE	Md.	b. COUNT	Wash.	
	Write RURA	write RURAL and give nearest town)				Hagerst			
	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree			STREET ADDRESS		OWII		e. IS RESIDENCE
	Washington County Hospital					•			ON A FARM?
1100			-	F	RFD 1				YES ND
	3. NAME OF DECEASED	First	11110010		Last	4. DATE	Month		ay Year
	(Type or print)	Dais			lopp	DEATH		mber 2	
	5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		ATE OF BIRTH	9. A	GE (In years II ast birthday)	FUNDER 1 YEA	AR IFUNDER 24 HRS s Hours Min.
	female		WIDOWED I		-22-87	8	O yrs.	nonuis Days	2 Homes Inter-
	10a. USUAL OCCUP/	JSUAL OCCUPATION (Give kind of workdone   10b. KIND DF BUSINESS OR JNDUSTRY, baby sitter				County & State, or	tereign country)	12. CITIZE	EN OF WHAT
	housew	ork	baby sitter		Leitersburg, Md.				
	13. FATHER'S NA	ME		14.	MOTHER'S MAI				
		John Lowman				Unk	nown		
	15. WAS DECEASE	EVER IN U.S. ARMED FORC	ES?   16. SOCIAL SECURITY NO.	1 17. INFO	RMANT		Address	,	
	(Yes, no, or unkown)	(If yes give war or dates of se	(220-28-280°	Mrs	. Talba	Barne	c Van		wn Md.
	I 18. CAUSE O	DEATH (Enter only one o	ause per time (or (a), (b), and (c)		· Taile	Darne	s, nag		TERVAL BETWEEN
		EATH WAS CAUSED BY:		208	Jan 1	20 Ces		Ö	NSET AND DEATH
		IMMEDIATE CAUSE (a) eres con tractions							
	Conditions is any which I DUE TO								
	Conditions, If any, which gave rise to immediate (b)								
	cause (a),	stating the DUE TO	3001	0111					
		underlying cause last. ) (c)							
4	E PARTILOTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED T	OTHETERMINAL	DISEASECONDIT	FION GIVEN IN P	ART 1(a) 1	PERFORMED?
3	2017		1/ me						YES NO
	PART II. OTHER  DATE OF CONTRIBUTION (IF EITHER, N	20a. ACCIDENT WAS UNDERLYING TO COURT BE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO COURT BE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		OTIFY MEDICAL EXAMINER	R)						
	정 20c. TIME OI	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
	D)	Hour a.m.  While Not While at work at work at work							
		21. I certify that (I) (this heapital) attended the deceased from 19 to 19 to 19 that (I) (we) last saw the deceased alive on 19 down and that death occurred at 19 down the causes and on the date stated above.							
		saw the deceased alive on 19 4, and that death occurred at 19 4, and that death occurred at 19 4 and the date stated above							
		ATTENDING TO MED. STAFF S AND COM							
ı	226. PHYSIC								
I	-NAME (	Type M. B.	04 C9 1161		M	- XVI	Trm	1	(4).
1	23a. BURIAL, CRE	MATION, 230. DATE THE	EREOF 23e NAME OF CE	METERY OR C	REMATORY	23d. LOCA	TION (City, tov	wn of county)	(State)
/	Benara	1 <sup>ec(fy)</sup> 9-25-6	7 Rose Hil	1 Cem	etery	Hage	rstown	Md.	
	24. FUNERAL DI	ECTOR	ADDRESS		25a. RI	EC'D BY REGISTI		GISTRAR'S SI	GNATURE
	Minnic	n Funeral H	Home, Hagersto	wn, M	d. DATE	SEP 26	1967	12 - 20 CB	. Vectar
					DATE	JL AU	1401 11	The same of the same	V

VR AIS (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS. tem #9 Film #3392 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7 20 2 C

			CERTIFICAT	E OF DEATH		UK 468 1479 25	
	PLACE OF DEATH o. COUNTY	WASHINGTON	MARYLAND	2. USUAL RESIDENCE (	Where deceased lived, if institution is country and washingt		
	write RURAL and	give negrest town) HAGERSTOWN	c LENGTH OF STAY IN 16 4 Mos	CCITY OR TOWN (If or Hagers	utside carporate limits, write RURAL o	nd give necrest town)	
d. NAME OF HOSPITAL OR INSTITUTION (IF not in WESTERN MARYLAND STATI			in hospital, give street address) TE HOSPITAL	d. STREET ADDRESS 55 East	d. SIREET ADDRESS 55 East Frankiin St		
	DECEASED (Type or print)	RUTH	ESTHER	HOVIS	4 DATE OF DEATH SEPT	Doy Year /3 1967	
F	EMALE	WHITE	WIDOWED DIVORCED	8. DATE OF BIRTH / 9:		UNDER 1 YEAR   IF UNDER 24 HRS	
dur	ing most of working in Nurse	(Give kind af work dane ife, even if retired)	Retired	Hagerston	wn Wash Co Md.	COLUMBY OF WHAT	
	Johr			Ella			
15 (Ye	WAS DECEASED EVE es, no, or unknown) NO	RINUS ARMED FORCES? (If yes give war ar dates of s	16. SOCIAL SECURITY NO 4 17. 17. 18-38-1557	ir J. Maur:	ice Hutzell 10	5 Broadway	
	PART I. DEAT	H WAS CAUSED BY	TERMINAL.	CARCIN	OMA TOSIS	INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if any,	which gave ) (b)	CARCINDMA	A REC	TUM	UNKNOWN	
	stating the under last.	lying couse DUE TO	)				
CATION	PART II. OTHER SH	SNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE FERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO	
	OR CONTRIBUTING	CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of item 18)		
MEDICA	Havr 'o.m	1.				(Caunty) (State)	
	saw the de			5/15/67, at death accurred at	19 to 9/13 1:02 FM, fram causes and	, 1967, that (I) (we) to an the date stated abov	
				1110	MED STAFF DIRECTOR DIRECTOR DHYS.	9/13/67	
	NAME (Type)			Y HAGE	RITOWN , MARY		
23a	BURIAL, CREMATIO	9/15/6	7 Rose Hill (		Hagerstown Wa	(County) (State)	
	_			25g. SE	Pr Figure 967 229 Media	RAR S SIGNATURE	
	#EDICAL (ERTIFICATION NOTE 133") 125 (A.1)	d. NAME OF HOSPITA WESTERN M  3 NAME OF HOSPITA WESTERN M  3 NAME OF HOSPITA WESTERN M  3 NAME OF HOSPITA WESTERN M  10 USUAL OCCUPATION during most of working in NITES 13. FATHER'S NAME 15 WAS DECEASED EVER (Yes, no, or unknown)  18 CAUSE OF DE PART II. DEAT 15 WAS DECEASED EVER (Yes, no, or unknown)  18 CAUSE OF DE PART II. DEAT 15 WAS DECEASED EVER (Yes, no, or unknown)  20 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20 TIME OF INJU Hour or 21. I certify Saw the de 220 SIGNATURE  221 PHYSICIAN'S NAME (Type)  230 BURIAL, CREMATIO BURIAL CREMATIO 24. FUNERAL DIRECTO  26. THE OF INJURATION OF	DESCRIPTION  The county washington between the course of the country of the count	PLACE OF DEATH   O. COUNTY   WASHINGTON   MARYLAND	a. COUNTY WASHINGTON  b. CITY OR TOWN, (If a stride carporate winds, write RURA) and give negrect town)  HAGERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street oddress)  WESTERN MARYLAND STATE HOSPITAL  3. NAME OF DECEMBER  TYPE COUNTY WASHINGTON (If not in hospital), give street oddress)  WESTERN MARYLAND STATE HOSPITAL  3. NAME OF DECEMBER  TOWN (If or in hospital), give street oddress)  WESTERN MARYLAND STATE HOSPITAL  3. NAME OF DECEMBER  TOWN (If or in hospital), give street oddress)  WESTERN MARYLAND STATE HOSPITAL  3. NAME OF DECEMBER  TOWN (If or in hospital), give street oddress)  S. SEX  6. SOLOR OR RACE  7. MARRIED  100 USUAL OCCUPATION (Give kind of work dane underlying of the county	1. PLACE OF DEATH  a. COUNTY  WASHINGTON  L. CITY OR TOWN. (IT QUISIDE corporate winds, wirth RIZER) and give necessary laws, with RIZER and give necessary laws, and laws and	

TO MOSPITAL OF ATTENDING PHYSICIAN: The law requires that the Teath certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 should be detached for use as the bunal-transit permit. Then please remaye carbon should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and in any effectively. VR A15 (4) 25M 1/67

filled in by the funeral

ent with 772 haurs a

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

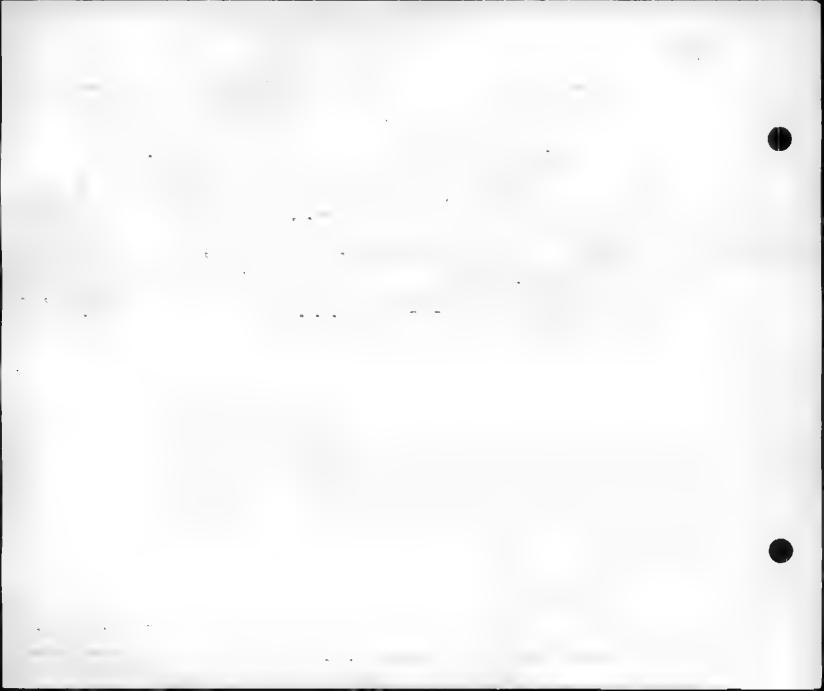
CEDT	IEICATE	UE	DEATH
VER II	HUALE	VII.	DEATH

13847

1				CERTITION	ALE OF PENT	"				
厅	PLACE OF DEATH O. COUNTY					2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)				
	Washington			MARYLANI	D C STATE U	irginia	b. cou	Alex	andria	and the same of th
	b CITY OR TOWN (If outside corporate limits,			c. LENGTH OF STAY IN 16			ite limits, write RU	RAL and give n	earest tawn)	
write RURAL and give necrest town) Nagerstown		4 weeks	A.	lexandri	a					
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		give street address)	d. STREET ADDRES	55			e IS RES D			
		Washington	County	Hospital	33	201 Land	over St.			NOX
3.	NAME OF DECEASED		irst	Middle	Last	4 DATE	Man	th	Day Yes	ar
	(Type or print)	Arth	ur	Edwin	Humphrey	OF DEATH	Septem	ber	23 196	67
S.	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years	Months D	EAR FUNDER	R 24 HRS
	Male	White	WIDOWED	DIVORCED [	3 Jeb. 1, 191	14	tast pirthqay)	Muttins D	dys Hours	Will
		ON (Give kind of work done girle, even if retired)		IND OF BUSINESS OR IDESTRY	11 BIRTHPLACE (C	aunty & State, or fo	reign country)		EN OF WHAT	
Ų3	Part	net	Co	instruction (	Co. Salt Le	ake City.	Utah	USA	The state of the s	
3	FATHER S NAME				14 MOTHERS MA	DEN NAME				
		George S.H	umphrei	1		Horen	ce Opal 1	Voon		
S	WAS DECEASED EV	PER IN U.S. ARMED FORCES?	of captica) 16.	SOCIAL SECURITY NO.	17. INFORMANT		Adar	ess Alexa	ndria,	Ja.
	No	(If yes give war ar dates	57	77-09-6792	Mrs.A.E. Huny	ohrey 32	201 Lands	over St		
		DEATH (Enter only one co	use per line far	(a), (b), and (c).)					INTERVAL BET	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carcinona			of Pano	2524			ONSET AND D	JEATH	
	10/1	DUE	TO							
	Conditions, if on		(b)							
	stating the und		TO							
	last.	)	(c)							
1	PART II. OTHER			TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	SE CONDITION GIVE	N IN PART 1(o)		19 WAS AUTO PERFORM	DPSY IED?
200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COURSED  200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)  201 TIME OF INJURY Month, Doy, Year Hour o.m.  201 Nour While Not While factory, street, office bidg, etc)								NO 🛴		
2 1 10		AS UNDERLYING  GCAUSE OF DEATH	20b DI	SCRIBE HOW INJURY OCCUR	RED (Enter nature of inju	iry in Part I or Par	t 11 of item 18)			
		Y MEDICAL EXAMINER)								
5	20c. TIME OF IN	JURY Month, Doy, Year			PLACE OF INJURY (Home factory, street, office bldc		(City or town)	(Count	γ) (	(State)
		m. 19	While at war		- Tottory, sineer, office ordy	, etc)				
		21. I certify that (I) (this hospital) attended the deceased fram F2 3 , 1967, to ACN (2) 1967 that (I) (we) las								
		deceased alive an 🕹	Splot-2	19 <u>67</u> , and	that death accurre	d at <u>5 A - N</u>	I, fram causes	and on the	date stated	l above
	220 SIGNATURE	1	11 11	/	ATTENDING F	✓ MED	STAFF -	22b DATE	SIGNED / / -	
	(la	2dla.	for M.	ne	M.D PHYS L	DIRECTOR	PHYS L	1 9/2	5/6	
	22c. PHYSICIAN NAME (Typ	2//2/1	11.1	INFERRA	22d ADDRESS	A/ .	×0.1: 0.0	5-4		
_		21096	/ /	70 F F 1n 3			Omec	7 6 2		
31	<ul> <li>BUR AL, CREMA?</li> <li>REMOVAL (Specific</li> </ul>	ION, 236 DATE TH	EKEUP	23c NAME OF CEMETER	_	1.	CAT ON (City or To			State)
2	SWLO	( ) 4/20	/67	Rest Haver			erstown-			
21	4 FUNERAL DIRECT	~ La,	Hors	ADDRESS		REC'D BY REGISTA		EGISTRAR'S S GN	VATURE O A A A	
	Rest Ha	ven Inneral	Chape	Hagerstown	2 / da DATI	SEP 27	DO!		A Your	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after departs. Page 4 may be retained by the haspital ar attending physician VR A15 (4)



FOR MATE please execute the certificate, writing the word "bending" in penal in item 18. Give lages 1, 2, and 3 to the funeral director. Regine 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be setained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Department of the health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hourselfer death. is necessary, DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any

TO DEPUTY

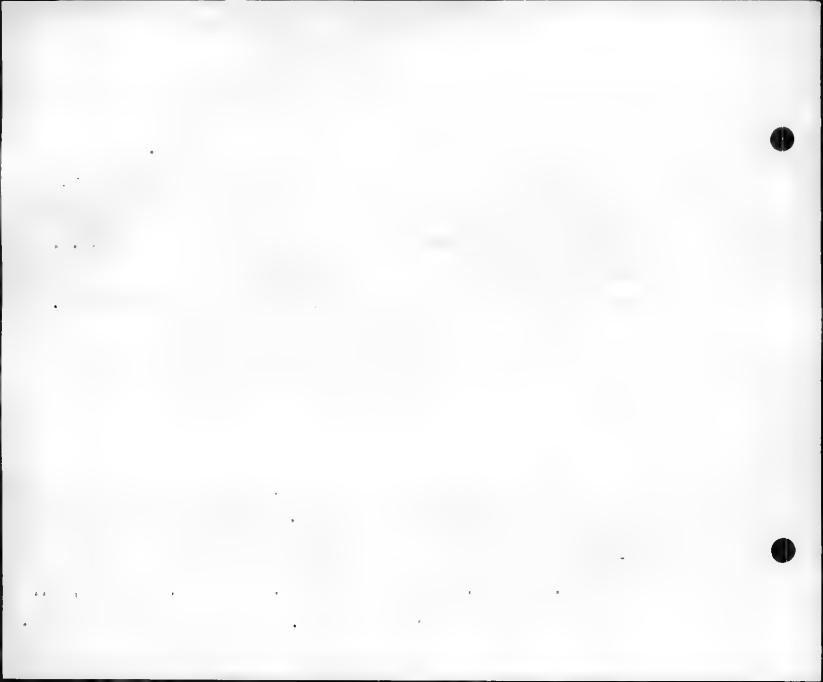
VR A15M

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13648

1.	PLACE OF DEATH . COUNTY			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. STATE b. COUNTY					
	Washington MARYLAND			Maryla	and Washi	ington			
	b. CITY OR TOWN (if	CITY OR TOWN (if outside corporate limits, write RURAL and give necreat town)			If outside corporate limits, write Ri		neerest low	n)	
	Haderstown	ì	7 weeks	Sharpsburg	7				
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not is	n hospitat, give street address)	d. STREET ADDRESS			e. IS RE		
1-	la shington	County Hospit		214 Wes	t Main Street		ON A	NO X	
3.	NAME OF DECEASED	Furst	Middle	Last	4. DATE Month	Day	Year		
	(Type or print)	Josiah	Worthington	Jamison	DEATH Sept		196	7	
S.	SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years   IF	The Control of the Control			
	lale	I Tulba to		ept.21, 1.876	last birthday) M	doniha Deys	Hours	Min.	
100	. USUAL OCCUPATION	ON (Give kind of work 10	Sb. KIND OF BUSINESS OR INDUSTR			12. CITIZEN O	F WHAT CO	OUNTRY?	
de	one during most of wor Retired Fa	rking life, even if retired)	Farming						
13	. FATHER'S NAME	2 1/01	Lathring	Washington	n County, Md.	USA			
"		a wall a second							
0-	James J		14 50011	Mary Crar					
(Ye	ss, no, er unkown)   (if	R IN U.S. ARMED FORCES? yes give werer deles of service)		NFORMANT	Address				
	1.0		[220-30-9609   Ers	s. Martha Gro	ove Sharpsburg	g, Md.			
		EATH  Enler only one cause		INTERVAL BETW					
	PART I. DEATH	H WAS CAUSED BY:	Atherosclerosi	s cardiova	scular diseas	se Y	IS .	EATH	
	DUE TO								
	Conditions, if any,								
	gove rise to immediate cause								
	(a), steting the un	derlying							
-	cause last.	SIGNIFICANT CONDITION	CONTRIBUTING TO BEATURE TO	T DELATED TO THE TENT	IAI DICEACE COMMISSION OF	INT DADES	D 3211 T	Inchi	
ē	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY  PERFORMED?  PERFORMED?  YES   NO								
2						1	res 🔲 h	NO 🗖	
CERTIFICATION	20s. EXTERNAL CA PRIMARY [] or CON CAUSE OF DEATH.		escribe how injury occurred.	(Enter nature of injury in Pont at ho					
	20c. TIME OF INJUR	RY Month, Day, Year   2	20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or lown)	(County)	ė.	(Stelle)	
MEDICAL	Hour e.m.		While Not While KK HO	pry, street, office bldg., etc.	Sharpsburg			id.	
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion								
	death resulted from: Natural causes 44, Accident , Suicide , Homicide , Undetermined manner								
	CHIEF MEDICAL EXAMINER								
	ACTUAL ACTUAL MODICAL CHANNER TO							NED	
	SIGNATURE	ATT LI	alco M D	M.D.	L EXAMINER XX		7/5/6		
	EXAMINER'S HO NAME (Type)			Northern A	ye. Hagersto	own, Md.	7/ 2/0	1	
228	REMOVAL (Specify)	N, 225. DATE THEREOF	22c, NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, at	r county)	(Slate	1)	
	Ruria L	Sept.6, 1967	Lt. View Cemete	ery	Sharpsburg, 'a	iryland			
23	. FUNERAL DIRECTOR	, –	ADDRESS	-	D BY REGISTRAR   246. REGIST	rar's signatu			
Δ	lbert L. L	eaf Willia	msport, Maryland.	DATE S	EP 7 1967 /	traver	Judge	C <sub>0</sub>	
S-witness			4				A 31		



	10040	CERTIFICATE OF DEATH	CPOCL
de d	I. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND STATE MARYLAND	d lived, if institution: Residence before admission)  b COUNTY WASHINGTON
n by the fu	with HAGERSKOWN I	IFE HAGERSTOWN	e limits, write RURAL and give nearest town)
uted within 24 gaurs of meletaly filled in by the carbon papers. Page vent within 72 hours of the carbon page 1.2.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street WASHINGTON COUNTY HOSPITA	L 264 S. POTOM	AC ST.   e is residence ON A FARM? YES   NO E
commeteely for corporation of the corporation of th	(VIPO di PANI)	ANDA KERSHNER 4. DATE OF DEATH	SEPTEMBER 12 19 67
5 5 ×	FEMALE WHITE WIDOWED K	DIVORCED 5/29/1887	AGE (In years out down)  AGE (In years out down)  Months Doys Hours Min.
ricate be skian all please ri il, and in	100 USUAL OCCUPATION (Give kind of work done during HOLO Staking Letter) 10b KIND OF BU	MARYLAND	ign country)  12 CIT ZEN OF WHAT  COUNTRY? A
n certiticate ng physicia Then plea emoval, an	JAMES OLIVER BUTTS	14. MOTHER'S MAIDEN NAME ELLA SMITH	
attendir attendir permit. ian, ar re	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no. N Oknown)  (If yes give wor or dates of service)  NON	E MRS. HELEN KARN	HAGERSTOWN MD.
that the leath certiticate be exeidin.  by the attending physician and α transit permit. Then please rematremation, ar removal, and in any	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), o PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)		ONSET AND DEATH
≡quires ng physici in sign≡d ie burial-t ta burial, (	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause	clerotic heart disease with	congestive
in: the taw or attendir attender attender than bee in the ealth prior the	PART II OTHER SIGNIFICANT COMDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o)  19 WAS AUTOPSY PERFORMED? YES □ NO 💢
SICIAM Dippital of certification hed for t. af He	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBU	W INJURY OCCURRED (Enter noture of injury in Port I or Port	II of item 18)
JINE PIN by the he lifter this be detact State Dep	p.m. 17 of work LJ at	While foctory, street, of lice bldg., etc.)	(Cury or town) (County) (State)
Figure 4	21. I certify that (I) (this haspital) attended the saw the deceased alive on 9/12/67	deceased from Feb., 19.67, to 9_, and that death occurred at 6:30M,	from causes and on the date stated above
g <b>≅</b> S a a	220. SILMAJOR.	M.D. ATTENDING MED. M.D. PHYS DIRECTOR [	STAFF 22b. DATE SIGNED
FRAL may or, par d be fi	NAME (Type) Dr. Charles C. Spenc	er 145 S. Prospect	St. Hagerstown, Md.
Page 4 may to FUNERAL Description of the file of the f	DEMONIA (C. 15.)		GERSTOWN (County) (Stote)  GERSTOWN WASH. MD.
VR A15 (4) 25M 1/67		DATE SEP 18	IR 256 REG STRAR'S SIGNATURE

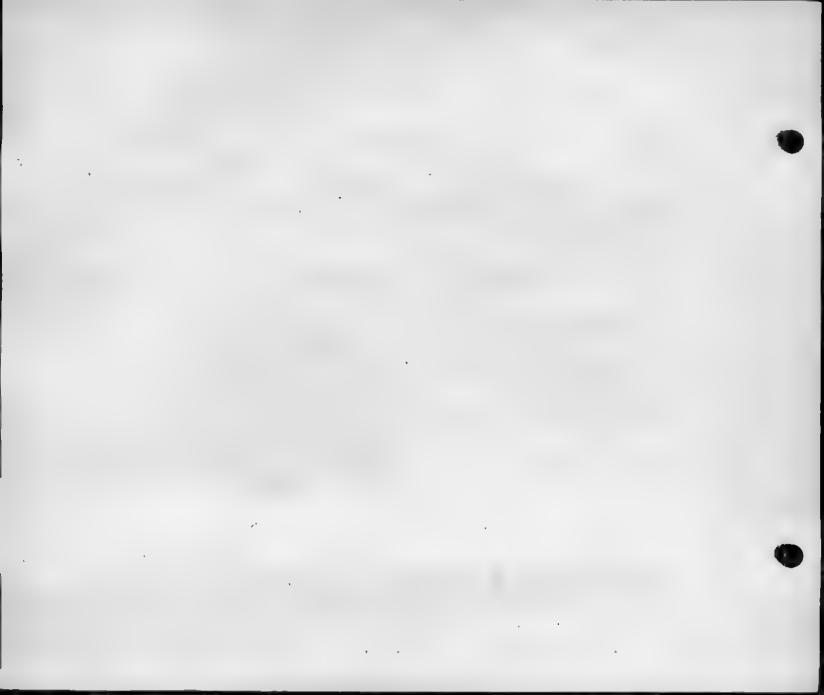


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH RTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY by the and 2 death! MARYLAND c. CITY OR'TOWN (If outside corporate limits, write RURAL and give nacrest town) b. CITY OR TOWN (if outside corporate limits, ELENGTH OF STAY IN 15 ۵ write RURAL end a ve meatest towns. 5 Pages filled i d. STREET ADDRESS . IS RESIDENCE UTION (if not in hospital, give street eddress ON A FARM? YES NO 🖎 completely NAME OF 4. DATE Moluk Year Middle Dev paper DECEASED OF DEATH (Typa or print) C carbon nt, within AGE (In yeers | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. NEVER MARRIED . MARRIED lest birthdey) pue Months Devs Hours physician e e remove c 10e. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? (County & Stete, or foreign country) done during most of working life, even if retired) any TENR attending physical place reference r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17. INFORMANT removal (Yesong, or unkawn) | (If yes give wer or detes of service) permit. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c), 否 5 PART I, DEATH WAS CAUSED BY, signed IMMEDIATE CAUSE (e) has been sugar-ne burial-transit r **DUE TO** Conditions, if eny, which geve rise to Immediate cause DUE TO (e), stating the underlying the bui buria**l,** cause lest. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 8 0 NO I USB prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER), detached i 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, form, ) 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. ö at work et work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from... the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22s, SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. feath. Page 4

FUNERAL

lirector, page 5

ge filed with th HOSPITAL 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23s. NAME OF CEMETERY OR CREMETORY 23d, LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) O # 30 Colmar Manor, Pro Geo Md. Burial Sept 7. 1967 Ft Lincoln Cemetery 250. RECID BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons llyattsville. Md. VR A15 (4) REST 20M 5-63



remote completely filled in by the filneral remove contour papers. Pages, L'and 2 name est, within 72 hours effer death. EQ. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deatle certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physiciary director, page 3 should be detached for use as the burial-transit permit. Then please it should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

VR ALS

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	
MAKYLAND	MG • W	ash.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  1 if e	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Hagerstown 1ife d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Hagerstown d. STREET ADDRESS	I a. IS RESIDENCE
Washington County Hospital		DN A FARM?
	900 Frederick St.	YES NO
	Last 4. DATE Month DF DEATH Sept. 2	Day Year 5, c1967
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	last hirthday) (same) - 1	
male white widowed Divorced	2-9-09 58 yrs. Month's	Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	TIZEN OF WHAT
police sgt. City police	Hagerstown, Md.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward T. Kuhlman	Leona Rowland	<u>d</u>
(Yes, no. or unknwn) ((If yes pive war or dates of service)	INFORMANT Address	
no 214-09-1131 Mx	rs. Catherine Kuhlman, Ha	g <b>er</b> stown, Mo
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	Λ -	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	carry Olchesion	10 mess
4d01 DUE TO A	d 0 .	
Conditions, If any, which gave rise to immediate (b)	y Sclerosis	647
cause (a), stating the DUE TO		, v
underlying cause last. (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	TER TO THE TERMINAL CIRCAGE ORNEY IN CIVEN IN PART 1(4)	119. WAS AUTOPSY
ANTIL DIREKSICHIFICANI CONDITIONS CONTRIBUTING ID DEATH BOTHD RELAT	ED TO THE TERMINAEDISEASE CONDITION CIVEN IN PART 1(a)	PERFORMED?
202 ACCIDENT WAS TIMBED VINC TO 1 204 DESCRIPE HOW INTIDA OCCUR	RRED, (Enter nature of Injury In Part 1 or Part 11 of Item 18.	YES NO X
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRED. (ERROR HARDIS OF HIJBIY BEFORE 1 OF FARE IT OF TERM 10.	,
2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (Cou y, street, office bidg., etc.)	nty) (State)
2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLAC   Hour a.m.   While   Not While   at work   at work	Al an add automataBil and	
21. I certify that (I) (this hospital), attended the deceased from/	1-17-60, 19 to 9-11-67, 19	, that (I) (we) last
	death occurred at LOSPM, from the causes and on t	he date stated above.
222. SIGNATURE Tober 1/4 Camp fell M.D.	ATTENDING MED. STAFF	ATE SIGNED
22c. PHYSICIAN'S NAME (Type) Robert V. L. Campbell	22d. ADDRESS Hagers Town	Ind
23a. BURIAL, CREMATION, 23b. DATE THEREDF   23c. NAME OF CEMETERY		inty) (State)
Burial 9-28-67 Rest Haven	* * * * * * * * * * * * * * * * * * * *	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SICNATURE
Minnich Funeral Home, Hagerstown,	Md. DAGEP 2 9 1967 / Charles	0.0



13048

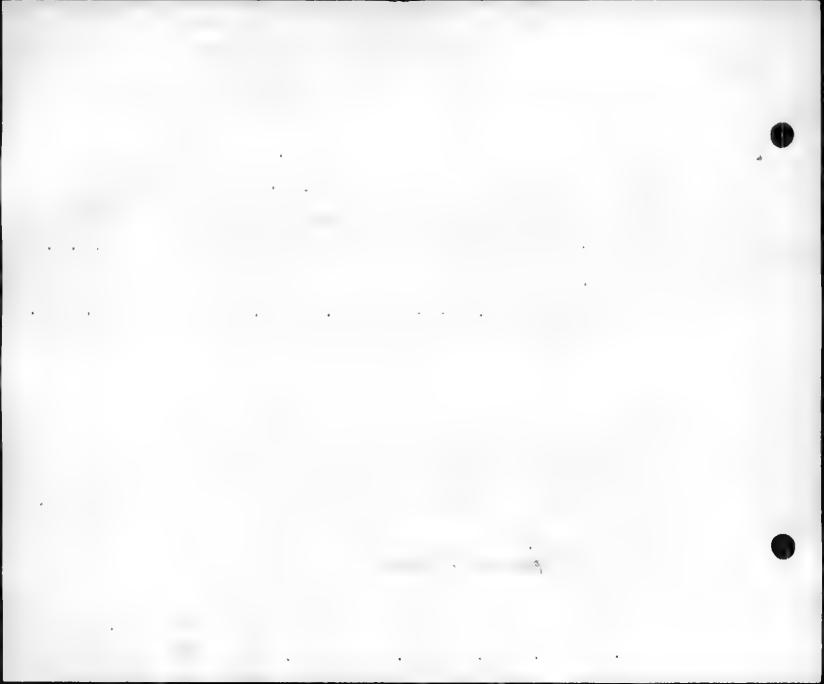
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13852

HEALING PIT .		PLACE OF DEATH					tian Residence befare admission)
3 to Poge ant o		. COUNTY Washington		MARYLAND	a STATE Maryland	i Fre	My derick
Po P		CITY OR TOWN (If gutside	carparate imits,	C LENGTH OF STAY IN 16		uts de carparate limits, write RJ	
py delo		write RURAL and give near	rest tawn)	Minutes	[i	rederick	,
Pog Pog	H	Hagerstown  NAME OF HOSPITAL OR INST	HTHTION /H not in besoitel	one street address)	d STREET ADDRESS	rederick_	e IS RESIDENCE
es 1, form form					H		ON A FARM?
in for	ļ.	Washington C	ounty Hospi	<del></del>	Rfd. 5	1	YES NX
r death If any deloy ve Pages 1, 2, and 3 y with form PM3 Po the State Department		NAME OF DECEASED	hist	Middle	Last	4 DATE Man	
Give I	_		Silas	Daniel	Kuhn, Jr.		ber 26, 1967
offer wing g	S.	9 (0'0)	OR RACE 7 MARRIED		8 DATE OF B RTH	9 AGE ( n years last birthday)	Manths Days Hours M.n.
ed do le		Male Whit			March 31, 1	933 34 yis	5   25
9 9 9 9	10a	USUAL OCCUPATION (Give kind	of work done 10b	KIND OF BUSINESS OR INDUSTRY	11 B <sub>1</sub> RTHPLACE (State		12 CITIZEN OF WHAT
	40,	ng most of working life, even if Truck Driver	T	ransportation	Maplevil	le, Maryland	U. S. A.
hin 24 nc.l in niner's mages urs offi	13.	FATHER'S NAME			14 MOTHER'S MAIDEN	NAME	
within penc.l xomine geg		Silas D. Kuh	m		Beulah He	offmaster	
in print in	15	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16	SOCIAL SECURITY NO 17	INFORMANT	Addr	622
executed within 24 anding" in pencil in mandre's andreol Exominer's permit. File mages within 72 hours office.	(16	was Deceased Ever IN US AI s, no, or unknawn) (If yes give Yos 4 May 52	- 15 Apr. 2	20-30-9474 M	rs. Patev M.	Kuhn. Frederi	ck Rfd. 5, Mi.
	H	18. CAUSE OF DEATH (Ente	r anly ane cause per line fi	or (a), (b), and (c).)			INTERVAL BETWEEN
should be on word "pm or the Chief buriot-tromssit any event"				mpound fract	ure of sku	11	ONSEL AND DEATH
Table of the seven		7 /	DUE TO an	d laceration	of brain		l hour
should word the Ch uriol-tra		Conditions, if any, which go	ve ) (b)				
e sl the to		rise to immediate cause (	DUE TO				
f.cote		stating the underlying coulost.	se (c)				
s certificate si e, writing the forworded to used as a bu		PART II OTHER SIGNIF CANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CO	NDITION G VEN IN PART 1(a)	19 WAS AUTOPSY
s certii e, writ forwol usmd usmd	NO E					· · · · · · · · · · · · · · · · · · ·	PERFORMED? YES NO 🔀
This ifficate, I be for	2	200 EXTERNAL CAUSE WAS	20b	DESCRIBE HOW INJURY OCCURRED	(Enter nature of in-ury in	Part L or Part L of Item 18.)	10 11 110 110
#### € . <b>.</b>	CERTIFICAT	PRIMARY Sor CONTRIBUTING	G⊟ W	elding with	torch caus	sing explosi	on of oil drum
IXA INER ute the cer age 4 Ilhou your files Poge 3 sho cremotion,	MEDICAL	20c TIME OF INJURY Manth	Day Year 20d	INJJRY OCCURRED 20e. P.	ACE OF INJURY 4Hame, farr	n, 20f (City or fawn)	Rt. (County) (State)
the de ge	9	Haur oge		Not While the street of wark to the street of the street o	ctory, street affice bldg, etc.	Keedysvi	
TX integrated age age. Pog. Pog. cre.		7 - 1111		emains described obove it			
ctor. EctoRo							uiry, ond in my apinion
ecto Pred Bur		deoin resurred from	: Notural couses [	Accident 🔀, Su		ELLI, Undetermined m EXAMINER [7]	9/27/67
pleora direct direct DIREC		ACTUAL	Lour 1	1 10h /se		CAL EXAMINER	22. DATE SIGNED
AND SES A		SIGNATURE		L. Marie			Northern AVe.
10 SS (10 SS (10) SS		NAME (Type) HOW	ward N. Wee		Address (Stree		gerstown, Md.
2 0 5 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0	230		23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City or To	own) (County) (State)
= 34		REMOVAL (Specify) Burial	9- 29- 67	Boonsboro		consboro	Md .
VR ATSME (5)		FUNERAL DIRECTOR		ADDRESS		D BY REG STRAR 256 R	GISTRARS S CHATURE
6M 1/67 /A	Jo	hn H. Bast,	r. 112 N.	Main St. Boons	poro, Md DATE O	CT 2 1967	100



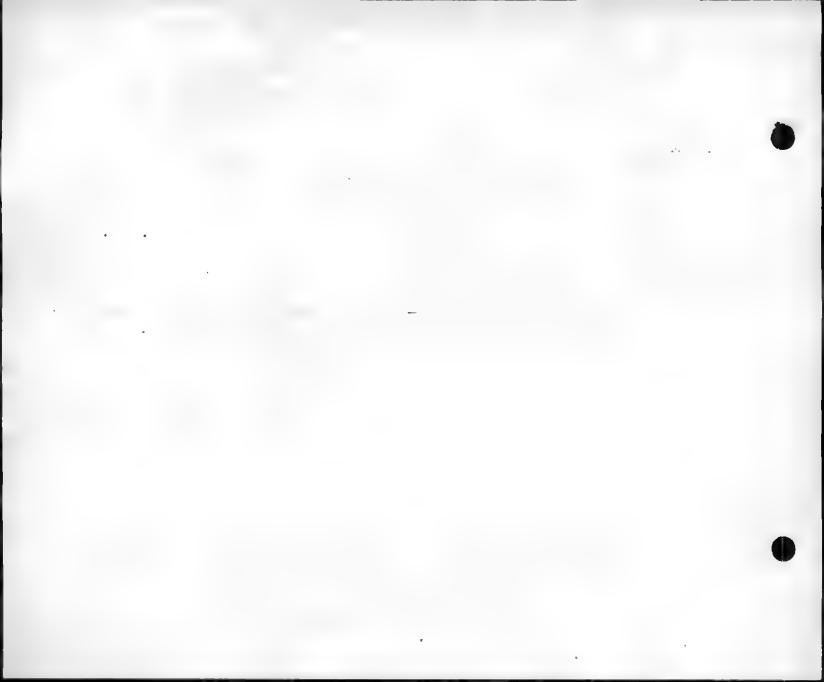


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13854

CERTIFICATE OF DEATH the funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) washing ton o COUNTY Washington Marvland after MARYLAND CITY OR TOWN (If outside corporate mints, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag 16 Mos Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? campletely-filled i 921 A Main Ave Martin Manor Nursing Home YES NO X 3 NAME OF Middle DATE Month DECEASED Sept 12 1967 LEATHERMAN FLORENCE WATKINS 19 (Type or print) DEATH event S SEX DATE OF BIRTH 9 AGE ( n years F UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Jost birthdoy) 1900 and in any White WIDOWED Julv 5 DIVORCED Femal e 11 BIRTHPLACE (County & Stote, or foreign country) W 100 USEAL OCCUPATION (Give kind of work done WA CITIZEN OF WHAT during most of working life, even if retired) physician on please Retired Charlestown Jefferson USA Cook 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya No Record No Record attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no at unknown) (If yes give wor or doles of service) Mrs Arlene Higgins 1388 Salem Ave 215-14-1900 crematian, 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))
PART + DEATH WAS CAUSED BY. Hagerstown Md. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEAT IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO stoting the underlying couse s the has been last. g WAS AUTOPSY PERFORMED? CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION Health 1 CERTIFICATION NO A this certificate 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 181) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour to m. Not While foctory, street, office bldg., etc.) at work TO FUNERAL DIRECTOR: After 1963 ta 21. I certify that (i) (this haspital) attended the deceased fram market & Must 12, 196 2 that (1) (we) lost be retained 19 7 and that death accurred at 9/1/24th, from causes and an the date stated above. saw the deceased alive and 12 22o SIGNATURE DATE SIGNED , page be filed 22c. PHYSICIAN'S NAME (Type) director, p 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d LOCATION (City or Town) (Stote) Burial (Specify) Rose will Cemetery Hagerstown Wash Co 256 REGISTRAR'S SIGNATUR 250 REC'D BY REGISTRAR DATE SEP 19 1 ADDRESS VR A15 (4) 25M 1/67 Coffman Funeral Home Inc

The lam requires that the douth certificate be executed within 24 laurs often death. OR ATTINDING PHYSICIAN:



VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 hours

by the hospital or attending physician.

be retained

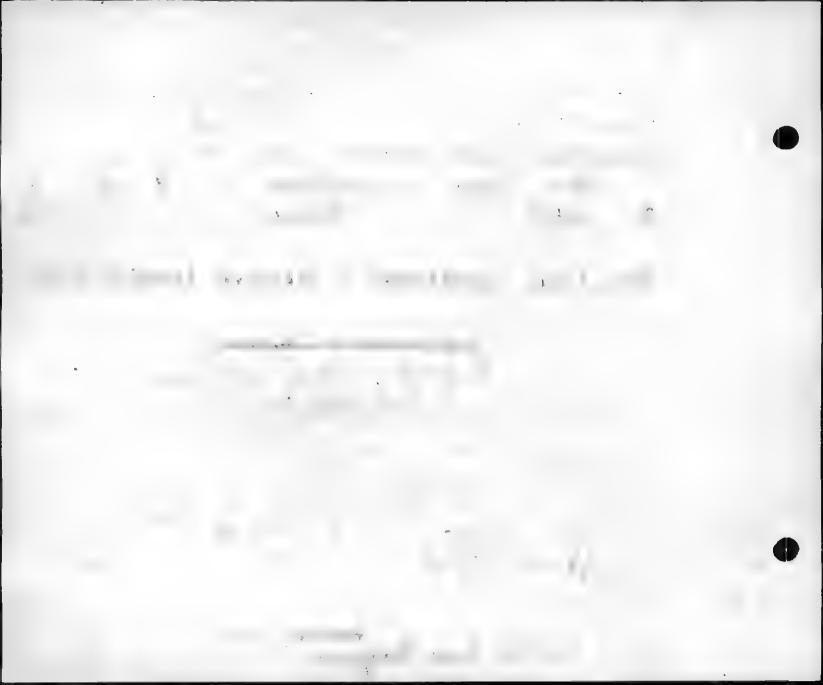
Page 4 may

FUNERAL DIRECTOR

REMOVAL (Specify)

REC D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7 4	9	1/4	5	25
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## CERTIFICATE OF DEATH

13059

		PLACE OF DEATH o. COUNTY	Mahinatan					2 USUAL RESIDENCE ( a. STATE Maryl	Where decease	ed lived, if institu 6 COU	INITY	e before odmissi	on!
	L	CITY OD TOWN (	Washington		1.0	MARYLA				- L			
		write RURAL and	outside corporate limits give nearest town)		( Li	NGTH OF STAY IN 1	ID	CCITY OR TOWN (IF o	utside corporat		TKWT OUG BIA6	neorest town)	
	d	J. NAME OF HOSPITA	L OR INSTITUTION (If no		al, give sti			d STREET ADDRESS	- Diwig	paring		e 15 REST	
7.1			rington Cou					R#1				YES T	NO K
		NAME OF	Fir	51		Middle		Lost	4. DATE	Mor	nth	Doy Ye	ar
		DECEASED (Type or print)	Јаже	1		Edward		owman 11	DEATH	Septe			67
	\$. 5		6 COLOR OR RACE	7, MARRIE	ED 🗍	NEVER MARRIED	<b>Z</b> ] 8.	DATE OF BIRTH	9	AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF UNDER	R 24 HRS
		Male	White	WIDOWE		DIVORCED		Dec. 14, 196		4 yrs.			יוווייי
	100 durn	USUAL OCCUPATION ng most of working I	(Give kind of work done ife, even if retired)	10b	KIND OF	BUSINESS OR		11 BIRTHPLACE (County				ZEN OF WHAT	
		ng most of working l	8		INDUSTR	one		Hagerst		•		USA	
	13.	FATHER'S NAME	0 6					14 MOTHER'S MAIDEN		D. 11			
			James Ed					Mary	Jane (	Otzelbe	rger		
	1S. (Yes	WAS DECEASED EVER s, no, of unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service)		SECURITY NO		IFORMANT		Add	ress		
		No	(If yes give wor or dotes o	1	No	ne	<u> </u>	Lowman R	# 1   3	Sharpshi	urg. Md.		
			ATH (Enter only one cou	se per line	for (a), (b	), and (£).)						INTERVAL BE	
J	PART I. DEATH WAS CAUSED BY MENINGOLOGIEM IN											CHOEL WHO	DENIN
		05 1,	DUE	10	1.	1 1	,		0 1			24/2	
		Conditions, if any, rise to immediate		(b)	W	A terhou	S.E. (	nederalla	gringe	of the same of the		دماده بـ -90	
		stoting the under		10					0				
		last.	)	(c)			-						
	×	PART II. OTHER SIG	SNIFICANT CONDITIONS C	ONTRIBUTIN	G TO DEA	TH BUT NOT RELATE	ED TO TI	HE TERMINAL DISEASE CO	NDITION GIVEN	N PART 1(o)		19 WAS AUT PERFORM	OPSY IED?
1	Ĭ											YES	NO K
	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING [	☐ CAUSE OF DEATH	20Ь	DESCRIBE	HOW INJURY OCCU	JRRED {	nter nature of injury in	Part I or Port	It of item 18.)			
1	3	(IF EITHER, NOTIFY N		204	IN HIDA	OCCURRED 20	na Pi Ari	OF IN.URY (Home, for	n, 20f	{City or town}	(Cou	ntul	(Stote)
	MEDICAL	Hour o.m		W	nile 🗂	Not White		ry, street, office bldg , etc.		(c) A or lower)	700	111/1	(2,0,4)
	-	p.m			vork 🗀	of work		0/50	W / 7	9/2	10/	1 16-1 (0.7	11.
			y that (I) (this has ceased alive an	pital) atti 4/2		ne deceased from 19 <u>61</u> , an	am d that	death accurred at	1967 , to	fram causes	and an th	], that (1) ( e date stated	we) last d abave
		220. SIGNATURE	*	51				ATTENDING	MED .	STAFF	22b DA	TE SIGNED.	
			Nuchard	YIV	for	$\searrow$	M.D	PHYS.	DIRECTOR	PHYS [		29 167	
}		22c. PHYSICIAN'S NAME (Type)	Rich	ned.	JA.	Dung		22d ADDRESS	ricks]	m, M	d.		
)	23o	BUR AL, CREMATIO	N, 23b DATE THE	REOF	230	NAME OF CEMETE	RY OR C	REMATORY	23d .O	CATION (City or T	own)	(Ytauo))	Stote)
		Burial (Specify)	10/1/	67,		Rest Hav	en (	emeteru	Ha	aerstown	2 - Was	shington	1-Md
	24	FUNERAL DIRECTOR	When G.	Horo	Y-	ADDRESS			D BY REGISTR	AR 2Sb R	EGISTRAR S SI	GNATURE	
		Rest Ha	en Inneral	. Char	rel	Hagerst	OWN.	Md DAME OT	9 1	967 00	Marle	, Judge	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 3 should be detached for use as the burial-transit permit. Then please regions carban papers. Pages Landactor, page 3 should be state Dept. of Health priar to burial, cremation, or removal, back on event, within 72 haurs after deal and the state Dept. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



cessary, ne funeral 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and m any event within 72 hours after death. ы O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO DEPUTY MED

VR ALSME

1/65

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TO SEE THE CATE OF DEATH

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Washington MARYLAND	Maryland Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RFD1 Hagerstown Md. Life	RFD 1. Hagerstown Md.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS   0. IS RESIDENCE
		ON A FARM?
3.	RFD1 Hagerstown Md.  NAME OF First Middle	YES   NO   YES   YES   NO   YES
٥.	DECEASED	OF
5	A CM	artin DEATH Sept 27 1977 8. DATE OF BIRTH 19. AGE (III years   IFUNDER TYEAR   IFUNDER 24 HRS
	7. MARRIED   REVER MARRIED	last birthday) Months   Days   Hours   Min.
1	Tale White WIDOWED DIVORCED X	May 10, 1908 59 yrs.
qui	. USUAL OCCUPATION (Give kind of work done line of working life, even if retired) INDUSTRY	17. BIRTHPLACE (State or foreign Country) 12. CITIZEN OF WHAT COUNTRY?
	Clerk Railroad	Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Franklin David Martin	Eva L. Shank
15 (Ye	Franklin David Martin . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 15, no, or unknown) ((1) yes pive war or dutes of service)	INFORMANT Address
		arold Allen Martin Long Igland N. V
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	is a constant the of
	1/6X DUE TO	
	Conditions, if any, which } (b)	
	gave rise to immediate (	
	underlying course lead	
×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
MEDICAL CERTIFICATION	arihosi of Liver	PERFORMED?
1	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCC	JRRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.)
5	PRIMARY DOT CONTRIBUTING   Placed Sketque	in between eyes - Pulled Trigger
CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
63		lowe - 9th Magerston wash Hd
2	21. I certify that I took charge of the remains described above, he	
		icide , Homicide , Undetermined manner
	death resultant forms. Hatti at basises j., houseone j., ou	CHIEF MEDICAL EXAMINER
	ACTUAL DIVINION (1) TO THE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	SIGNATURE COLUMN AND AND AND AND AND AND AND AND AND AN	DEDUTY REDUCK EVALUATED 57
	EXAMINER'S Edward W. Ditto, III, M.D.	Address (Street, city, town, or county) He erstown
238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BEMOVAL (Specify) Surial Sept. 21.67 Rest Haven	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Sept. 21, 67 Rest Haven	Hazerstown Md.
`	T Imald IC. I hombeon	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
T	hompson Funeral Home Clear Sprin	B. Md DATE SEP 26 1967 leaving Judge

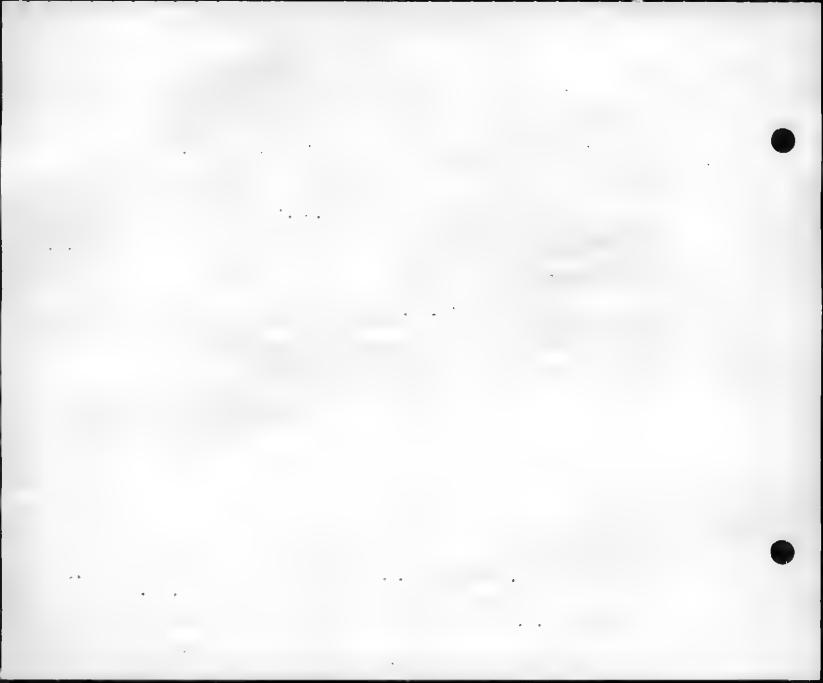


### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13353

					CERTIFI	CATE	OF DE	ATH					
		PLACE OF DEATH D. COUNTY	VASHINGTO	N	MARYL	AND	2 USUAL RI o. STATE	MARYL	ere deceased	l lived, if institu b (0)	UNITY WAS	e befare a	dmissian) STON
	l	HAGERS	f autside carparate imi	ts,	c. LENGTH OF STAY IN  3 WKS	1b		OWN (If auts		limits, write Rt	URAL and give	nearest to	wn) / . /
· K			ALOR INSTITUTION (IF F				d STREET AI	DRESS W.H	GH S	т.			RESIDENCE N A FARM? NO
a chi	. (	NAME OF DECEASED Type or print)	MAR		Middle E		MASON		4 DATE OF DEATH	9 9		6 Day	Year 19 67
	5 5	F	6. COLOR OR RACE	7 MARRIED WIDOWEE	DIVORCED		8. DATE OF BII	1882		AGE (In years	Manths Manths	Days h	UNDER 24 HRS aurs Min.
	duri	ng PHOUSEN	(Give kind of work done are, even fretired)		KIND OF BUSINESS OR INDUSTRY		WASH		N CO	gn country) UNTY N	MD 12 CIT	IZEN OF WI	TAT
			BOOTMAN				SADIE	TRUX					
	IS. (Ye	was beceased eve s, no. prunknown)	R IN U.S. ARMED FORCES: (If yes give war ar dates		16.54.8404		NFORMANT EVERLY	B MA	SON		CK MD.	•	
		18. CAÜSE OF DI PART I. DEA	ATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for (a)	ar (g), (b), and (c).) Pulmon and arterise (e.g.	tu !	bolus (	probac	(212)				AL BETWEEN AND DEATH
		Conditions, if any nse to immediat stating the unde last.	which gave ) e cause (a),	(b)(t)(t)	artriseles	4'6	hear	L chi	terk			Mul	ensny
7	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING	ture h. his	0 Ju	TO DEATH BUT NOT RELA  10. 400 - M.  DESCRIBE HOW INJURY OCC	~8	er 1465	brd	cont	witel a	Gjica.	l PER	S AUTOPSY EFORMED? NO
	MEDICAL	20c FIME OF INJU Hour a.r p.r	10	Whi			CE OF INJURY ( ary, street, offic		20f	(City or town)	(Cau	nty)	(State)
		saw the di	<b>fy</b> that (1) (this ha eceased alive an_	spital) atte 9	nded the deceased f	rom nd_thai	t death occ	<u>– 14,</u> 19 urred at <u>7</u>	67, ta 30 A.M.	fram causes	and on th	e date s	(1) (we) las toted above
		22a. SIGNATURE			nGAGE	1.M			LED IRECTOR C	STAFF [ PHYS [ Washin	] 4	TE SIGNED	67
/		22c PHYSICIAN S NAME (Type)		Spin-Spin-	aker, M.D.			-	gersta	own, Md	•		
		REMOVADO PRATIC	9.8.6		ST.THOMA				HANC	OCK W	ASHING		(State)
)	1	FUNERAL DIRECTO	e & He	one	ADDRESS	0-	mol	DATE SE	by régistra P 13		gelian s si		udge

TO HOSPITAL OR ATTENDING EHYMICIAM: The law requires that the death certificate be exercised within 24 hours often death. TO FUNERAL DIFFETTION: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. Pages I and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after deather. Tage 4 may be retained by th∎ haspital ar attending physician.



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MARYLAND STATE DEPARTMENT OF HEALTH

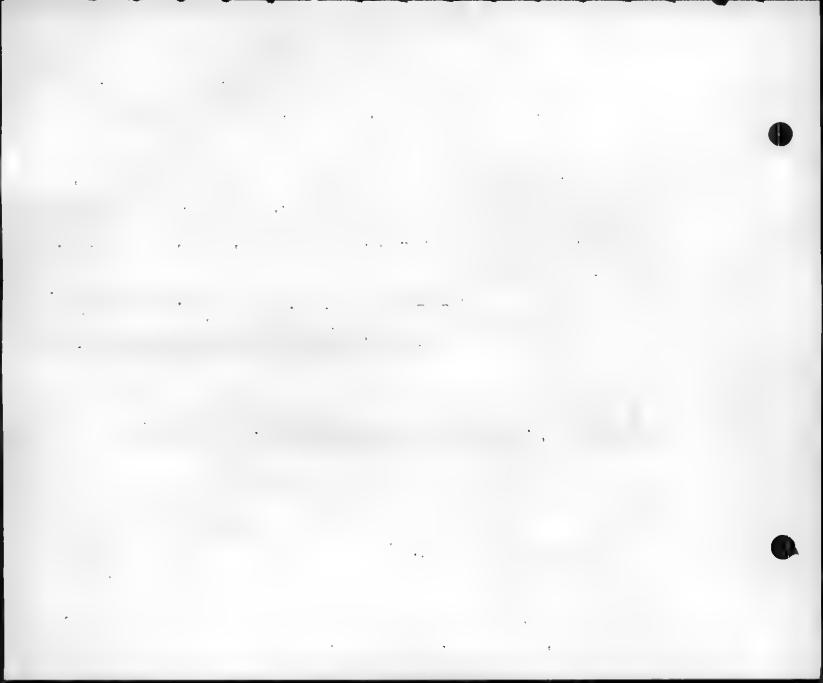


death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit mermit. Then please reprocessive mapers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1,	PLACE OF DEATH a. COUNTY Washington MARYIAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Lanyland b. COUNTY Washington
 I	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Lura haperstown 10 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, St. James Village, Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. street address Kent Ave.  o. is residence on a farm? yes \( \text{No } \)
3.	NAME OF First Middle DECEASED (Type or print) Harry Glenville	Mellott   4. DATE   Month   Day Year   Mellott   Death   September   16, 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 Ale White WIDOWED X DIVORCED	8. DATE OF BIRTH April 27, 1889  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Months   Days   Hours   Min.   Prince   Prince   Hours   Min.   Prince   Hours   Hours
du-	a. USUAL OCCUPATION (Give kind of workdone ing most of working life, even if retired)  Lydro- operator  Lydro- perator  Lydro- perator	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?  Clearfield, Penna, U.S.A.
13	Lemuel Gordon Mellott	14. MOTHER'S MAIDEN NAME Sarah Litton
15 (Y	es. no. or unknown) ((If we going war or dates of service))	rvin E. Kellott St. James Village F. F. 3
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  General:	sigartenies Corosis Interval Between onset and Death
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	
CERTIFICATION	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  VES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLF Hour a.m. While Not While at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) pry, street, office bldg., etc.)
~	21. I certify that (I) (this hospital) attended the deceased from	1966, to Sapil, 1961, that (I) (we) last t death occurred at 315PM, from the causes and on the date stated above.  D. ATTENDING DIRECTOR PHYS. PHYS. PHYS. 122d. ADDRESS  Flageustum MC1
24	SURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)   Sept. 19 67   Greenlawn Cemeter Removal (Specify)   Greenlawn Cemet	netery Williamsport, Maryland

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10054

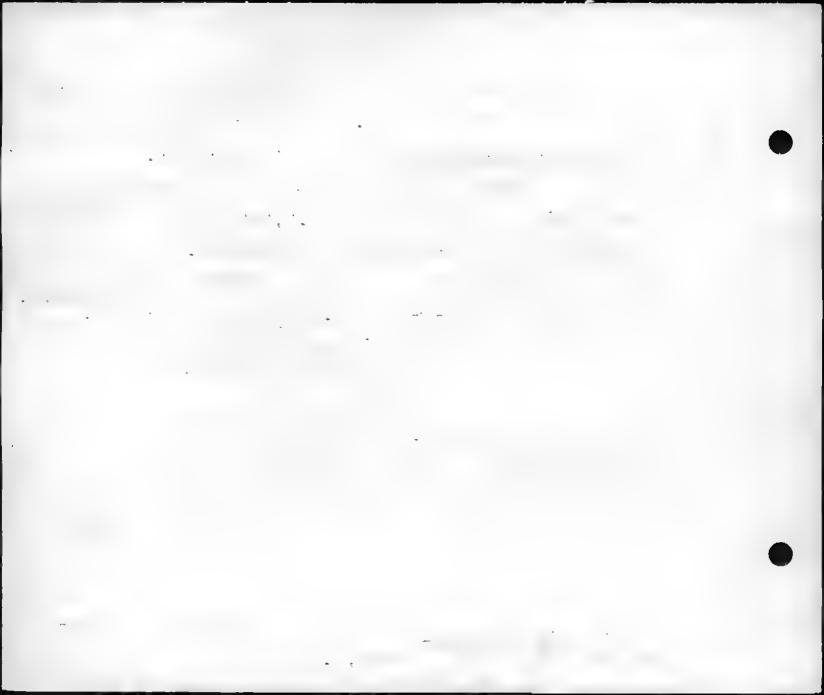
## CERTIFICATE OF DEATH

13061

М	_500			CEKTIFIC	LAIL	OF DEATH			2 40 11 6 2	100
Л	1 PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceosed			odmission)
	o. COUNTY	Washin	gton	MARYL	AND	O. STATE Mary	land	b. COUNTY	Washing	ton
	b CITY OR TOWN	(If outside corporate limit	ts,	C LENGTH OF STAY IN	- 1	c. CITY OR TOWN (If ou	itside corporate	t mits, write RURAL	and give nearest	lown)
	WITE KOKAL OIL	d give neagest town)	town	60 yrs	ا جا	Hage	rstown		·×.	1.1
3	d, NAME OF HOSPI	TAL OR INSTITUTION (IF n	ot in hospitol, g	ive street oddress)		d STREET ADDRESS			e	IS RESIDENCE ON A FARM?
	Wast	rington Con	nty Hos	pital	]	316	Westsia	te Ave.	YE	
V	3 NAME OF DECEASED	F	irst	Middle		Lost	4. DATE OF	Month	Doy	Year
/	(Type or print)		niel	(NMN)		Meyers	DEATH	Septemb		1967
	S SEX	6 COLOR OR RACE	7, MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9. 1		Months Dovs	Hours Min.
	Male	White	WIDOWED	DIVORCED		Aug. 14, 189		76 YES		
	100. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR		11, BIRTHPLACE (County			12 CITIZEN OF V	WHAT
	during most of working	esman		Hutomobile			more, Mo	4	USA	
	13 FATHER'S NAME	at t	4.1			14. MOTHER'S MAIDEN 1				
			m Meye				Bakah/	Lena Kl	avan	
		ER IN U.S. ARMED FORCES? (If yes give wor or dotes		SOCIAL SECURITY NO.		NFORMANT			Hagersto	wn, Md.
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	210	4 <del>-</del> 09-3441A	Mr	s.Mary Meye	rs 316	Westsid	e Ave.	
	IB. CAUSE OF D	EATH (Enter only one co	/ .	247.	1111	1. 1/1/11	whas	, ,		VAL BETWEEN
	PAKI I. DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE	(o) AU	W17, 601	DNA	el puco	400	<u> </u>	77	ANY DOAYA
			E TO /	Internal	\$ 8011	to Do	L Di	CSAR	111	1 non
	Conditions, if any rise to immedia	to course (o)	(b)	10716-7/14 (6	100	10 (840)	1/1	1016	W	(KIX/UX)
	stoting the unde		E 10		-					
	lost		(t)		1					
	PART IN OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO	O DEATH BUT NOT RELAT	ED TO TI	HE TERMINAL DISEASE CON	NOITION GIVEN	IN PART 1(o)	19. V	VAS AUTOPSY ERFORMED?
	B /////	1811 (0	man	Lack	1/1-	(m) my			YES	□ NO □
	20d ACCIDENT WAS	AS UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED (	Enter nature of injury in	Part for Port 1	of item 18)		/-
		( MEDICAL EXAMINER)								
	20c TIME OF INJ	IURY Month, Doy, Year	20d IN	IJURY OCCURRED 2		E OF INJURY (Home, farm rry, street, office bldg., etc.)		(City or town)	(County)	(Stote)
	р	m. 19	at work	at work	/	7		1. 1.		
		<b>ify</b> that (I) (this has		ed the deceased fr	om 4	, 1	9/1/2 , 10_	1701-4		t (!) (we) last
		ereased alive on_		719/ <u>4</u> /, an	d that	death accurred at	4.00 pM,	trom cousés on		
	220 MGNATYARE	haride of b	71		M.D	ATTENDING PHYS.	MED. DJRECTOR	STAFF D	22b. DATE S.GNED	7
	22c PHYSICIAN'S	-12	1 1.	1111	1 1	22d ADDRESS	1/2/	, ( ) ( )	1101	1. 1
	NAME (Type	1 E/R. L	4/101	taint M	1/2.	30 101-1	OFAMI	R, JA	41 les (1	Med,
	230 BURIAL, CREMATI		IEREOF	23c. NAME OF CEMETE	RY OR C	REMATORY	1 .	ITION (City or Town		(Stote)
	REMOVAL (Specific	-9/12	/67	Rest Have	en C	emeteru			skington	-Md
	24. FUNERAL DIRECTO	ou see .Cl	Word	ADDRESS		2So REC D	BY REGISTRAN	967 25b REG.	STRAR S SIGNATURE	udgla
	Rost House	are muchael	Chanal	Hannetta	ma M	J DATE SF	P 14	NO I	100	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law maures that the death certificate be executed mithin 24 hours after death. Page 4 moy be retoined by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove serban-agners. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. VR A15 (4) 25M 1/67



VR AIS (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

A	Z. 1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(יינ		OLIVIIIIO	7111	- OI DEN					( () (	102	
-	1/ PLA a. C	CE OF DEATH	Wa shingto	en e	MARYLA	ND	2. USUAL RESID			ised lived, . b. (	If Institu COUNTY	Was	lence before	ton
1	b. (	ITY OR TOW	N (If outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY II		c. CITY OR TOWN	(If outs	ide corpo	rate limit	s, write	RURAL en	d give nea	rest town)
١		lagers		vn)	lif e		Hagers	tow	m					
	d. 1	NAME OF HOS	SPITAL OR INSTITUTION	ON (If not In I	hospital, give street add	ress)	d. STREET ADDRE	SS						ESIDENCE A FARM?
1	-		gton Cou		spital		420 W	. F	rank	1in	St.		YES	NO 🗌
1	3. NAM	ME OF EASED		irst	Middle		Last	4.	DATE		Aonth		-	Year
1	(Typ	pe or print)	EDN.		PEARL		LLER		DEATH		pt.	-		9 67
-1	5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	]	. DATE OF BIRTH		9.	AGE (In ye last birtho	ears   IF l	JNDER I Y	EAR IF UNI	DER 24 HRS. rs i Min.
		ale	white	WIDOWED	<u> </u>		Aug 19,	189	4 7	3 yr	78.			
	10a.USI during r	JAL OCCUPAT	JON (Give kind of working life, even if retire	done   10b.	KIND OF BUSINESS OR		11. BIRTHPLACE	(County	& State, o	r foreign co	untry)	12. CITI	ZEN OF WH	IAT
		ousew			ome		Hagerst	OWN	, Md			USA		
	13. FA	THER'S NAM	E				14. MOTHER'S M	AIDEN I	MAME					
	Wi	11iam	Bailey				Ida B.	McC	urdy					
	15. WA	S DECEASED I	VER IN U.S. ARMED FO	ORCES? 16	. SOCIAL SECURITY NO.	17.	INFORMANT				ddress			
	( 1 es, no	no	(1) Jes dise was of dates		none	Mi	ss Betty	Mi	11er	H	age	rsto	wn,	Md.
	18.		DEATH [Enter only on		line for (a), (b), and (c).							1	NTERVAL	BETWEEN
		PART I. DE	ATH WAS CAUSED BY		cebral Throm	000						1	ONSET AN	
		332X	IMMEDIATE CAUSE	(-)	Telefica I Dioronia	JOSL.	1.8						N Co Co I	
	Cor	nditions, if	DUE anv. which \				(7T)	14			Q		l ve	5.90 m
	gav	re rise to	Immediate		teriosclerot	LC.	vascular I	LISE	1516			EVELIA	II.yea	ar 3
		ise (a), si ierlying caus												
				(C)ONS CONTRIB	UTING TO DEATH BUTNO	rela	TED TO THE TERMINA	AL DISE	ASECONDI	TIONGIVE	N IN PAR	RT 1(a)		AUTOPSY
,2	ATI												PERF YES	ORMED?
	E 20:	ACCIDENT	WAS LINDERLYING FT	1 20h.	DESCRIBE HOW INJURY	necu	RRED (Enter nature	of Inli	iry in Pari	I or Pari	II of It	em 18.)	153	110 [2]
	PAI	CONTRIBUTI	WAS UNDERLYING TO NG TO CAUSE OF DEA FIFY MEDICAL EXAMI	TH NED	DESCRIPE HOW HOURT	0000	MILDI (LINC) HELEN	, or mit	,,, ,,, , ,,,,,			u 201,		
			INJURY Month, Day,		INJURY OCCURRED 120	DI A	CE OF INJURY (Home	form	206 /0	Ity or tow	(n)	(County	4	(State)
	MEDICAL 200	Hour a.n		While		facto	ry, street, office bldg	., etc.)	201. (0	11,5 01 1011	"",	(a cant)	,,	(0.000)
		p.r		at wo	TK at work						+ -1			
					ded the deceased from									(we) last
			ceased alive on_S	ept. 2	19_67_, and	that	death occurred a		LM, fron	n the cau		d on the		ed above.
	228	a. SIGNATUI	RE 1	11	#		ATTENOING	MED		STAFF	"			
		C. PHYSICIA	NO COL	1/2	wase -	M.D	PHYS. X	DIRE	CTOR	PHYS.	<u> </u>	9-26-	-07	
,	220	NAME (T)		ST Thinks	to Tr.		Hagerst		Ma.					
ę	-	UDIAL OPEN			23c. NAME OF CEM	ETERY			23d. LOC	ATION (C)	ty town	or count	v!	(State)
	238. 8	EMOVAL (SDE	ATION, 23b. DATE 9/28	167	Rose Hil		emetery			rsto	.4.			(arate)
		UNERAL DIRE	1 21	, 0,	ADDRESS		_	REC'D	-				SIGNATUR	E
			Funeral	Hamo	Hagersto	r.tha				1967			ay Yun	
	L MATEL	HIT CH	runeral .	TION A	DORAT.P.O	WALL	PAGE + DATE	SEL	4	A GI	1		1	W



VR A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

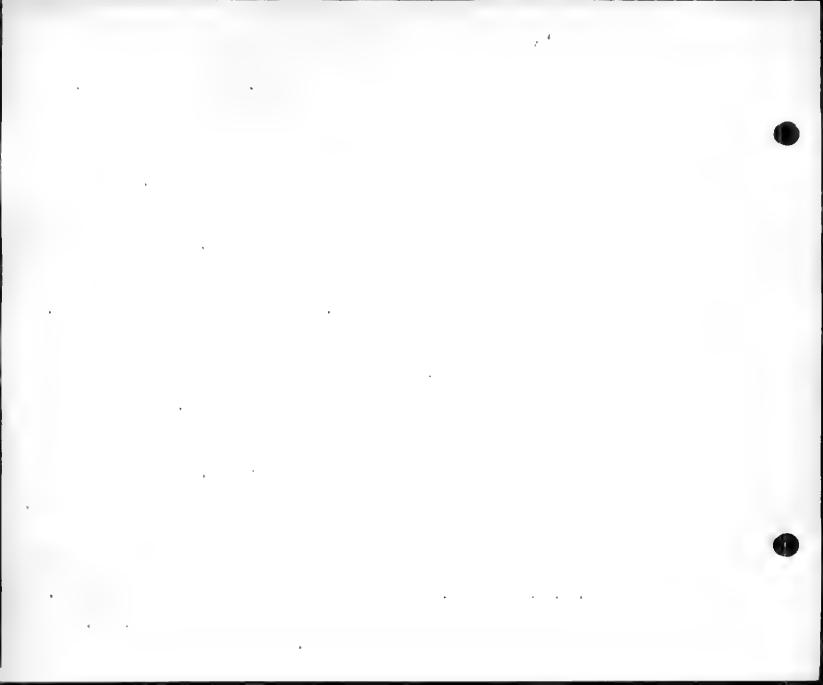
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13059

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13883

1	PLACE OF DEATH a COUNTY	ashingten	1	MARYL	AND	2 USUAL RESIDENCE ( O STATE Md.		, if institution R B COUNTY	es dence before admiss Wash.	iian)
		If outside corporate limit		c. LENGTH OF STAY IN		c CTY OR TOWN (If o. Hagerst	utside corparate limits	write RJRAL or		
	d NAME OF HOSPIT	at or institution (if no ten Count	, ,	,		d STREET ADDRESS 1965 Je	fferson	Blvd.	ON A	DENCE FARM?
3	NAME OF DECEASED (Type or print)	Elizab	eth	Middle <b>Ellen</b>	Мо	ntgomery	4 DATE OF DEATH	Monih ept. 1		67
5	female	6 COLOR OR RACE White	7 MARRIED WIDOWED 2	NEVER MARRIED  DIVORCED		8-8-73	9 AGE (		NDER YEAR IF UNDER THE DOYS Hours	M n,
du	mousewr	(Give kind af work done the even if retired)		ND OF BUSINESS OR DUSTRY		Sylvatu	s, Va.		12 CITIZEN OF WHAT COUNTRY?	
13	B. FATHER'S NAME	James Que	esenb	arrv		14. MOTHER'S MAIDEN	<sub>NAME</sub> ah Smith			
15	WAS DOCCASOD THE	R IN U.S. ARMED FORCES? (If yes give wor ar dates o	14 6	none		nformant s. Jean N		Address	own, Md.	
	Conditions, if any rise to immediat stating the under lost.	which gove e cause (a), rlying cause	(o) Frac 10 (b) Frac 10 (d) Mult	tured Skull ture Of Rig iple Lacera	ght_ atio	ns Of Scalp			INTERVAL BE ONSET AND 2 & HOLL	DEATH
CERT FICATION						THE TERM NAL DISEASE CO			9 WAS AU PERFORM	MEDS WEDS
MEDICAL CERT FI	9:50 pi	NTRIBUTING   JRY Month, Day, Yeor  n. 9-18- 196  y that I took charg	Fe 1 20d. IN While of work	Not While of work Selections described about	Lar 20e. PLA foot	(Enter noture of in ury in steps at he CE OF INJURY (Hame, for ony street, office bidg., etc. Home.  Id an Autopsy, ide, Homicide	r home.  n, 201 (Cty o ) Hagerst Inspect on x	r town)		
	ACTUAL SIGNATURE EXAMINER'S	A. El	X La	the fl.		DEPUTY MEDIC	DICAL EXAMINER AL EXAMINER	9-20-6	57	E SIGNED
	NAME (Type) D	r. E. W. Di	tto, J		TENY OF				stown, Md.	15
23	BJRIAL, CREMATIC BYNYALISBERTY			Rose Hi		Cemetery	23d LOCATION  Hager	(City or Town) stown,		(Stote)
	4 FUNERAL DIRECTO	ch Funera					D BY REGISTRAR	256 REGISTA	AR'S S GNATURE	ge.



23a.

	DIVISION	OF STATISTICA			EPARTMENT (	OF HEALTH	ALTIMORE	1, MARY	rLAND
	13000			ERTIFICA	TE OF DEAT	Н		138	84
1,	PLACE OF DEATH				2. USUAL RESIDEN	CE (Where daceased		oni Residence	before admission)
	Wa. CITY OR TOWN (	shington  outside corporate limits give neerest town)	, c. LEN	MARYLAND GTH OF STAY IN 16	a. STATE W. T	7a . (If outside corporate l		Morga	
	Hagersto		not in hospital, giv	1 Month	Rural Berl	celey Spi	rings,	W. Va	a. IS RESIDENCE
	VASHING NAME OF DECEASED	TON COUNT	Ty Hos	Middle Middle	Sir Joh	4. DATE	Month	Day	YES NO Y
	(Type or print) SEX	Lillie	WARRIED TV NE	Mae	Morris DATE OF BIRTH		ept.	30,	19 6 7
~	emale	White	WIDOWED [	DIVORCED [	Feb. 11, 19	901 66	birthday) Month	Days	Hours Min.
do	Housew	ON (Give kind of work king life, even if retired	106. KIND OF E	SUSINESS OR INDUSTI	NO DO		n country) 12	USA	WHAT COUNTRY?
13.	FATHER'S NAME		2.2		Monroe			UDA	
15.		hn W. Sor		SECURITY NO. I 17		ine B. B	rown Address		
(Ye	i, no, or unkown) (If	yas give war or dates of sec	vice)	8-4406-A		T Manni			Va.
	18. CAUSE OF D	EATH [Enter only one of WAS CAUSED BY: MMEDIATE CAUSE (a)			Wellburn .	embres	m/	INTE	Springs RVAL BETWEEN EI AND SEATH  Zhans
	Conditions, if any gave rise to immedia (a), stating the un	ata cause	recent.	angery -	left flye	lostomy		Z	1/2 week
VTION	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTION	NG TO DEATH BUT NO	OT RELATED TO THE YERMI	NAL DISEASE COND	HION GÎVEN IN I		PERFORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH  MEDICAL EXAMINER)	208. DESCRIBE HO	W INJURY OCCURED	). (Enter nature of injury in	Part I or Part II of ita	m 18.)	YE	s No 🖸
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	19	While Not at work at	While work inc.	ACE OF INJURY (Homa, fara lory, street, office bldg., etc	:-)		(County)	(State)
	saw the decease	nat (I) (this hospitaled alive on	Dept 19	deceased from.	death occured at.	19.67 to	causes and c	196.7 the	e stated above;
	22a SIGNATURE	m. 60	lvin	Crisp "		DIRECTOR PH	_	A	22b. DATE SIGNED,
	NAME (Type)	Jos	_Calvin	Crisp		Hagers	rthern town. M		nd ===
23a	BURIAL, CREMATIC REMOVAL (Spacify) BLIRTAT.	ON, 236. DATE THERE		name of cemetery rt Linco	OR CREMATORY	23d. LOCATION	icity, town or of negton,	ounly}	(Stata)

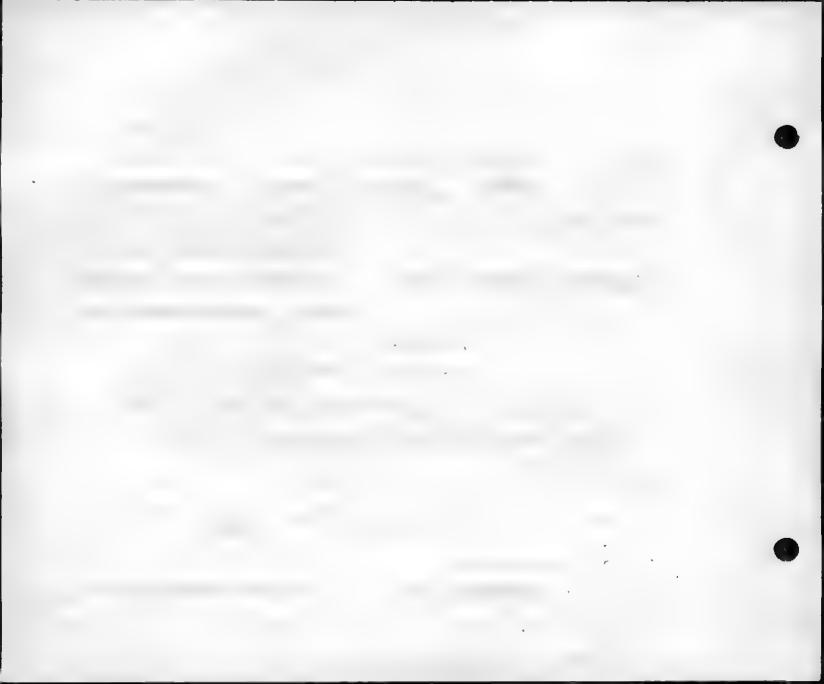
256. REC'D BY REGISTRAR 256. ADDRESS Funeral Home Berkeley Spgs. W.

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lathi	CERTIFICATE	OF DEATH	1	3665
PLACE OF DEATH  O. COUNTY  WASHING TON	MARYLAND	o. STATE Maryland	b. COUNTY Tas	ne before admission) hington
b CITY OR TOWN (II autside carparate limits, write RURAL and give nearest town)  HAGER STOWN	c LENGTH OF STAY IN TO	c CITY OR TOWN (If outside corporate Fairplay	limits, write RURAL and give	2,
d NAME OF HOSPITAL OR INSTITUTION (If not in h		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
WASHINGTON COUN	TY IFOSPITAL Middle	Route 1	88 01	YES NO
3 NAME OF TWIN II DECEASED TWIN II (Type or point) JACK		NAVE 4. DATE OF DEATH J	Month	Doy Year 13 1967
S SEX 6 COLOR OR RACE 7 N		B. DATE OF BIRTH 9. /	GE (n years ast birthday) Manths YTS.	YEAR IF UNDER 24 HRS Doys Haurs Min.
10a USLAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State or forex	n country) 12 CIT	IZEN OF WHAT
during most of working life, even if retired)	INVUSTRY	MARYLAND - WASH	INSTEN CHUNTY	UNIKEF
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
LESTER ALBERT	TUS NAVE	KATHRYN AL	ICE BARK	1014
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates at servi	ira	NFORMANT	Address	
	Ko	UTEI FAIRPL	BY MARYLA.	
18. CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line far (a), (b), and (c).)  A we kill			ONSET AND DEATH
Conditions, if any, which gave (b) (b)	Congenital	Atolectasis &	of Lungs	0
stating the underlying cause (c)		va Palivary	-6 mos.	0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				19. WAS AUTOPSY PERFORMED?
Pramatura		embrenes - 6		YES NO Z
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter nature of injury in Part I or Part II	·	
20c TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19		CE OF INJURY (Home, form, ary, street, office bldg., etc.)	City or town) (Cau	intγ) (Stote)
21. I certify that (I) (this haspital sow the deceased alive on		7-13 , 1967 , to t deoth occurred at 2:207M,	9-13, 196 from causes ond on the	that (I) (we) los ne date stated above
22a SYGNATURE	1	D. PHYS. MED DIRECTOR C	STAFF - C	ATE SIGNED
22c. FHYSICIAN'S NAME (Type) 5 F WAD	DILL M.D	HAGERSTON	UN MARYL	AND
23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c NAME OF CEMETERY OF		` '	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR	2Sb REGISTRAR'S S	GNATURE
THE WARRANT GO	us. Lum.	1 2 2 2 4 0 10	VI.I.y	-

VR A15 (III) IIO M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Infor. taken from birth certificate

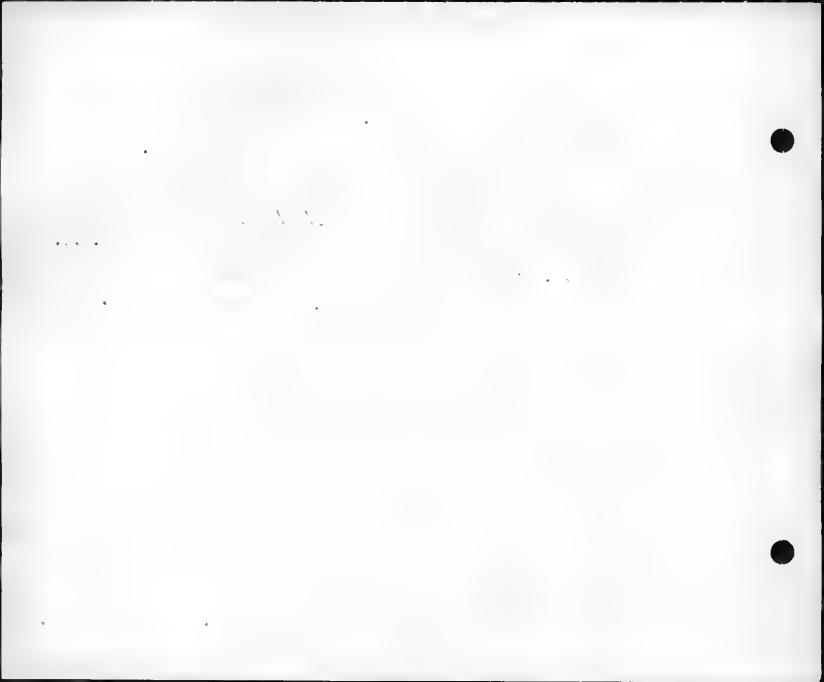
13062 THEF. CARETIFICATE OF DEATH	331156
1. PLACE OF DEATH  o. COUNTY WASHING TON MARYLAND  2 USUAL RESIDENCE (Where deceased inved, if o. STATE Maryland	institution Residence before admission) b COUNTY Washington
b (ITY OR TOWN (I autside carporate limits, write RURAL and give nearest town)  HAGERS TOWN  C LENGTH OF STAY IN 1b  C CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Fairplay	,
Wasting Tow County Hospital Route 1	e IS RES DENCE ON A FARM? YES NO
3 NAME OF DECEASED Twin I PAUL NMN NAVE OF DEATH JCP	
MALE WHITE WIDOWED DIVORCED 9-13-67	doy) Months Days Hours Min
10a USUA, OCCUPAT ON (Give kind of wark dane during mast of warking life, even if retired)  10b KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country MARY VAND - WASH INDUSTRY)  13. FATHER'S NAME	COUNTRY ?
t the state of the	BARK DOLL
(Yes, no, or unknown) (If yes give war ar dates of service) Routel FAIR PLAY A	MARYLAND INTERVAL BETWEEN
TB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO	ONSET AND DEATH
Conditions, it only, which gove is to immediate cause (a).  (b) Conquistos Atalactacias of	- Lungs 0
lost les underlying couse (c) Premoure les every - 6 2	LOS O
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20c ACCIDENT WAS UNDER YING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINED)  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of items)	PERFORMED?
20c TIME OF INJURY Manth, Day, Year Haur a.m. 19 20d INJURY OCCURRED While at work of twork of tactory, street, affice bldg., etc.)	
saw the deceased alive an 9-13 1967, and that death accurred at 8153 M, from a	auses and an the date stated above.  22b. DATE SIGNED
22c. PHYSICIAN DIRECTOR PHYS  22d. ADDRESS  ATTENDING MED. STAF	0 9-14-67
NAME (Type) J. F. WADDILL M.D. HAGERSTOWN	
REMOVAL (Specify) SEPT. 18. 1967 WASHINGTON COUNTY HOSPITAL HAGER	STOWN MARYLAND  256 REGISTRAR'S SIGNATURE
AFENCALO GOST COM. DATE SEP 26 1967	The state of the s

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificote be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remain carban papers. Page 1 tends should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in Eq. eyent, within 72 hours after deal remaya carban papers. Page in bay event, within 72 hours a

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13087 CERTIFICATE OF DEATH \_0000 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased tived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY WASHINGTON WASHINGTON MARYLAND MARYLAND b. CITY OR TOWN (If autside corporate minits, CLENGTH OF STAY IN 16 ( CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) YRS. HAGERSTOWN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 202 E. FRANKLIN ST. WASHINGTON COUNTY HOSPITAL NO Œ wit 3. NAME OF Middle 4 DATE Eirst DECEASED SEPTEMBER BLANCHE NEAL ANNA (Type or print) DEATH ent 9. AGF (In years last birthdoy) S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days Hours WHITE FEMA LE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working Tr. B. oven if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT UWBYZA. HOME MARYLAND 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME TOA BAKER remova JOHN W.R. MINER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, Ty of unknown) (If yes give war or dates of service NONE MRS.ŏ 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH MYDOMEBIM I MEMBER ON IMMEDIATE CAUSE (a) DUE TO Y25. Conditions, if any, which gave rise to Immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 200 ACC DENT WAS UNDERLYING [1] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour am. factory, street, office bldg., etc.) Not While of work at work 21. I certify that (I) (this haspital) attended the deceased from + Auc. 19 64 to 8 2507 1967, that (1) (we) last saw the deceased alive an & SEAT and that death accurred at 2 7 M. from causes and on the date stated above. TO FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED 8307.67 directar, page 3 shauld be filed M D ADDRESS 22c. PHYSICIAN'S 218 M. Pormuse St. NAME (Type) FEHBSO 23b. DATE THEREOF 23o. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) LUTHERN CEM. LEITERSBURG MD. 9/11/67 LETTERSBURG 24 FUNERAL DIRECTOR **ADDRESS** 25a, REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



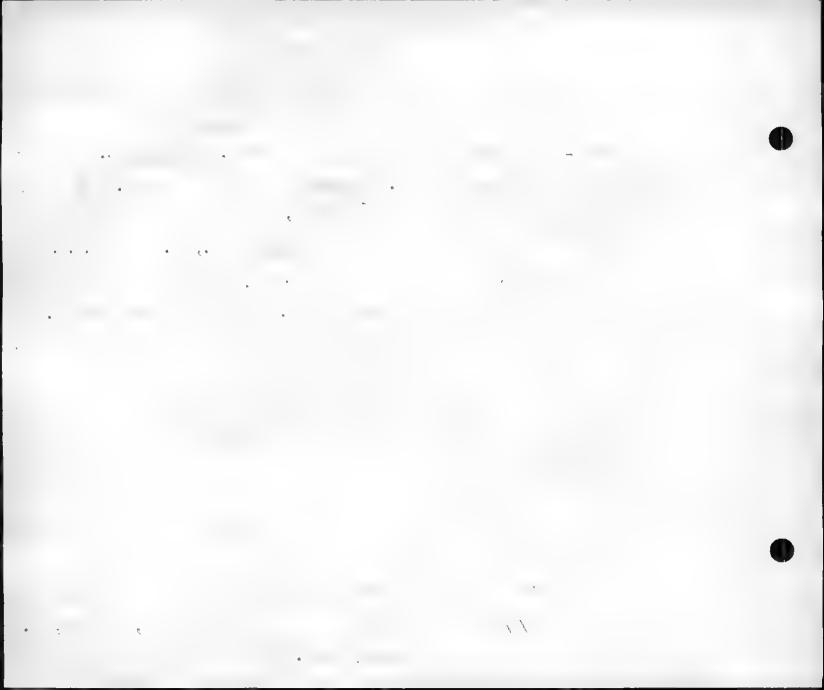
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13068

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission)
o. COUNTY Washington MARYIA	ND O. STATE Maryland COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1	
write RURAL and give nearest town) Rural Boonsboro 1 yr 5	mo Hagerstown ///
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e is residence on a farm?
Fahrney - Keedy Home	132 E. Washington St. YES NOT
3 NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) Zella M.	Newcomer DEATH Sept. 30 19 67
	B. DATE OF BIRTH  9 AGE (n years lost birthdoy)  Ney 23, 1887  9 AGE (n years lost birthdoy)  Months Days Hours Min.
Female White WIDOWED DIVORCED	
100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country)  Washington Co., Md.  12 CITIZEN OF WHAT COUNTRY?  U.S.A.
Nurse 13. FATHER'S NAME	Washington Co., Md. U.S.A.
Benjamin Newcomer  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.	Mary M. Garver  17 INFORMANT Address
(Vac an acumbracum) VII use sing war as dates of carrier)	
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	A Harold L. Newcomer Tacoma Park, Md.
PART I. DEATH WAS CAUSED BY-	ONSET AND DEATH
IMMEDIATE CAUSE (o) 10 FO TO DUE TO	Provinonia Saus
	nel Abscess.
nse to immediate couse (a), Stating the underlying cause	
lost Esophe	seel Perforation.
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REMAN	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS LINDERLYING TO LOOK DESCRIBE HOW INHIRY OCCU	rteriosclarosis, VES 1 NO 18
200 ACCIDENT WAS UNDERLYING 2 20b DESCRIBE HOW INJURY OCCU	JRRED (Enter nature of injury in Port 1 or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20	Ge PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) foctory, street, office bldg , etc.)
Hour 'o.m. 19 While Not While p.m. 19 ot work at work	
21. I certify that (I) (this hospital) attended the deceased fro	om Merch., 19 64 to 50 Pt-30, 19 6 7that (1) (wo) lost
	d that death accurred a a M, from causes and on the date stated above.
220 SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
22c PHYSICIAN'S	M.D PHYS DIRECTOR PHYS DIVIDED
NAME (Syde) 1 /0 /2 A /HOFFm?	~ 214 N. Potomac st. Hagorstonn
230 BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stole)
REMOVAL (Specify) 10/3/1967 Green	Hill Waynesboro, Franklin, Pa.
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
Malter Maynesbore	o, Penna. DATE CT 4 196 fillowles Judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the faneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove largon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. Page 4 may be retained by the hospital or attending physician, VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the free director, page 3 should be detached for use as the burnal-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept. of Health prior to burnal, cremation, ar remayal, and in any event, when 72 hours after death.

IN HUSBITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours

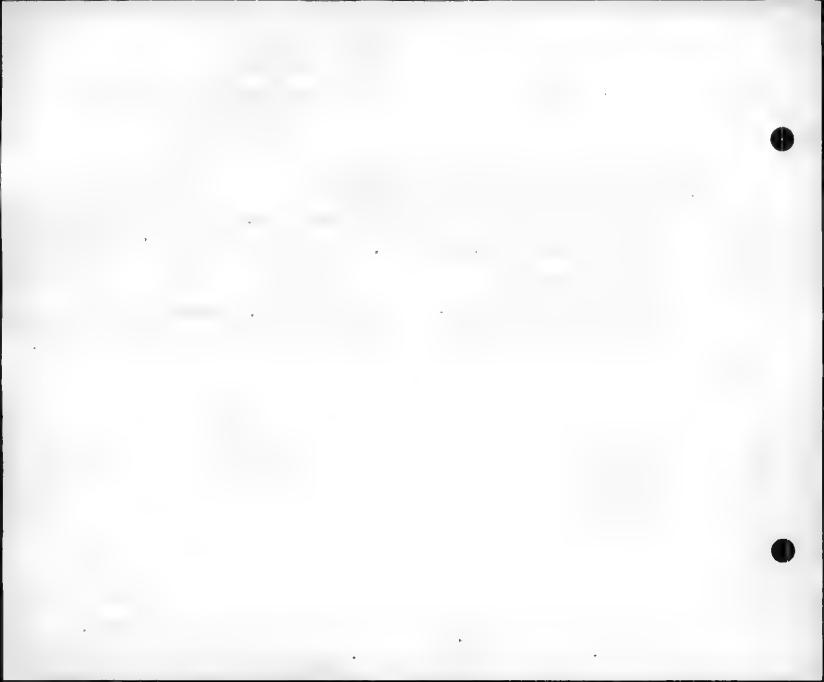
Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

U U A	CERTIFICATE	OF DEATH	).	3689
PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (V	Where deceased lived, if institution Resider	nce before admission)
Washington	MARYLAND	Marylar		1
b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16		tside corporate limits, write RURAL and giv	ve neorest tawn)
write RURAL and give nearest town) Hagerstown	3 Hrs	Hagerst	town R # 3	9
d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital,		d STREET ADDRESS		e IS RESIDENCE
Wash County Hospital		Garis Sh		ON A FARM? YES NO E
3 NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) HAROLU LLOY.		Sr	DEATH SEPT 12 ]	1967 19
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IF JNDER lost birthday) Months	Doys Hours Min.
Male White WIDOWED		Sept 17 19	935   31 vis	·
	(IND OF BUSINESS OR NDUSTRY	11 BIRTHPLACE (County)	2VIQ. ♦	ITIZEN OF WHAT
Tool Maker Las	tern Pro. Co	rp Hagerst		USA
13. FATHER S NAME		14 MOTHER'S MAIDEN N		
George Nichols		Doroth	y Miller	
IS WAS DECEASED EVED IN HIS ADMED EDDOCCO 14	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dates of service) 21	8-30-9253 Mr	s Doris T.	Nochols Hag R	# 3
18 CAUSE OF DEATH (Enter only one couse per line for		Garis Sho		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	INSEL AND DEATH			
4 201 IMMEDIATE CAUSE (a) CAL				
	cardial infarc	tion		Four hours
rise to immediate couse (a), ( Dur to				Tour mours
stating the underlying cause				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH OUT NOT DELATED TO	THE TEDMINAL DISEASE CON	IDITION CIVEN IN PART 1/a)	19. WAS AUTOPSY
S PART II. OTHER SIGNIFICANT CONDITIONS CONKIBUTING	TO DEATH SOT HOT KELKIED TO	THE TERMHAN DISEASE CON	TOTAL STATE OF THE LAST ACT.	PERFORMED?
20g ACC DENT WAS UNDERLYING 20b D CONTRIBUTING CALLS OF DEATH OUR ENTIRED MOTIFUS MEDICAL SO DEATH	recount Hour Milion occupance	fr	D + 1 D + 11 - 10 \	YES NO
E 20g ACC DENT WAS UNDERLYING ☐ 20b. D OR CONTRIBUTING ☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	rait Lor Part II of Hem 18)	
20x. TIME OF INJRY Month, Day, Year Hour a.m. 19 While		CE OF INJURY (Home, form tary, street, affice bldg., etc.)		ounty) (State)
p.m. 19 at wol		or, meer, unite bidg., etc.)		
21. I certify that (I) (this haspital) atten	ded the deceased fram_	9/9 ,1	9_67, to9/12/_, 196	7_ , that (1) (we) last
saw the deceased alive an 9/12	19 <u>67,</u> and tha	t death accurred at	.1:15ph, fram causes and an t	the date stated above
22a. SGNAJURE	7	ATTENDING		ATE SIGNED
- Maco	04/1 M.	D PHYS	MED STAFF DIRECTOR PHYS 9/	13/67
22c. THYSICIAN S		22d. ADDRESS		
NAME (Type) Donald E. Mart	ın, M.D.	418 N.	Potomac St., Hager	stown, Md.
230 BUR AL, CREMAT ON, 23b DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
Burral Sept.16/67	Cosey town,	ene terv	Coseytown Pen	ne
24. FUNERAL DIRECTOR LA GETS town, Md.	ADDRESS	25a. REC'D	BY REGISTRAR 256, REGISTRAR S.	COMATHER
ndrew K. Coffman Funera		»SEP	19 1967 Milane	w Judge



any detay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm. PM3 Page.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death If

5 may be retained for your files

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

3060

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Thems #8 CARENTEAT EVALUATION OF DEATH

12070

		MED	ICAL EXAMINER	3 CENTIFICATE	OF DEATH	* U	1110
T. PLACE OF DEATH					(Where deceased aved, i		ce before admission)
Washin	gton		MARYLAND	a STATE Maryl	land	Washing to	on
b CITY OR TOWN (	If autside carparate limits,		c LENGTH OF STAY IN 16		autside carparate imits, v		
Hagers	d give nearest tawn) <b>town</b>		D. O. A.	Rural	Boonsboro		
d NAME OF HOSP	AL OR INSTITUT ON (If not	n haspital g		d STREET ADDRESS			8 IS RESIDENCE ON A FARM?
/ Washin	gton County	Hospit	tal	Rfd.	1		YES NO NO
3. NAME OF DECEASED	First		Middle	Last	4 DATE OF	Month	Day Year
(Type or print)	Gaulesba		Blaine	Palmer	DEATH Sep	tember 1	
S SEX		7 MARRIED			PRL 9 AGE (In		Days Hours Min
Male	White	WIDOWED	DIVORCED	Sept. 24,10	193/82	Yrs. 11	7
during mest of working	(Give kind of work done		ND OF BUSINESS OR DUSTRY		te or foreign country)	1 (0	TZEN OF WHAT
during most of warking	ter	Cor	netruction	Myersvil		1	J. S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
	L. Palmer			Sarah	B. Koogle		
	R NUS ARMED FORCES? (If yes give war or dates af		26 0022	7 INFORMANT		Address	
				rs. Boulah F	almer, Rfd.	1 Boonsh	
	EATH (Enter anly one cause TH WAS CAUSED BY:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				INTERVAL BETWEEN ONSET AND DEATH
4200	IMMEDIATE CAUSE (d		riosclerotic	Heart Diseas	se	Severa	years
Canditions, if any	DUE T						
rise to immedial		)					
stating the unde	riying couse	ι)					
PART I OTHER SI			O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE (	OND TON GIVEN N PART	1(a)	19 WAS AUTOPSY
11.0k	_						PERFORMED? YES NO F
200 EXTERNAL CA		20b DE	SCRIBE HOW INJURY OCCURR	ED (Enter nature of njury	n Part I ar Part II of tem	18)	10 00
PRIMARY Or CO	NTRIBUTING 🗆						
₹ 20c. TIME OF INJ	URY Manth, Day, Year	20d IN	UURY OCCURRED 20e	PLACE OF INJURY (Hame, fa	rm, 20f (City or f	awn) (Cae	unty) (State)
Haur a.i	10	While at work		factory, street, affice bldg , et	[C.]		
			noins described obove,	held on Autopsy	, Inspection x	Inquiry ,	ond in my op'n on
deoth resul			_	iuicide , Homicid		ned monner	]
	1	1	1		AL EXAMINER		,
ACTUAL SIGNATURE	N.TW.	Drs	Wo To	M D ASSISTANT M	EDICAL EXAM NER	0 0 67	22. DATE SIGNED
EXAMINER'S					ICAL EXAMINER	9-2-67	
NAME (Type)	r. E. W. Di	tto. J	r.	Address (Stre	et city town, or county)	Hagerstow	m, Md.
23a BURIAL, CREMATIO			23c NAME OF CEMETERY		23d LOCAT ON (Co	ty or Town)	(County) (State)
REMOVAL (Specify Burial		7	Boonsboro C		Boonsbo		
24 FUNERAL DIRECTO			ADDRESS	12		25b REGISTRARS S	IGNATURE
John H. Be	st, Jr. 112	N. Ma	in St. Boons	boro Md DATS	EP 6 1964	a contract	in Judalo.

VR A15ME (5



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

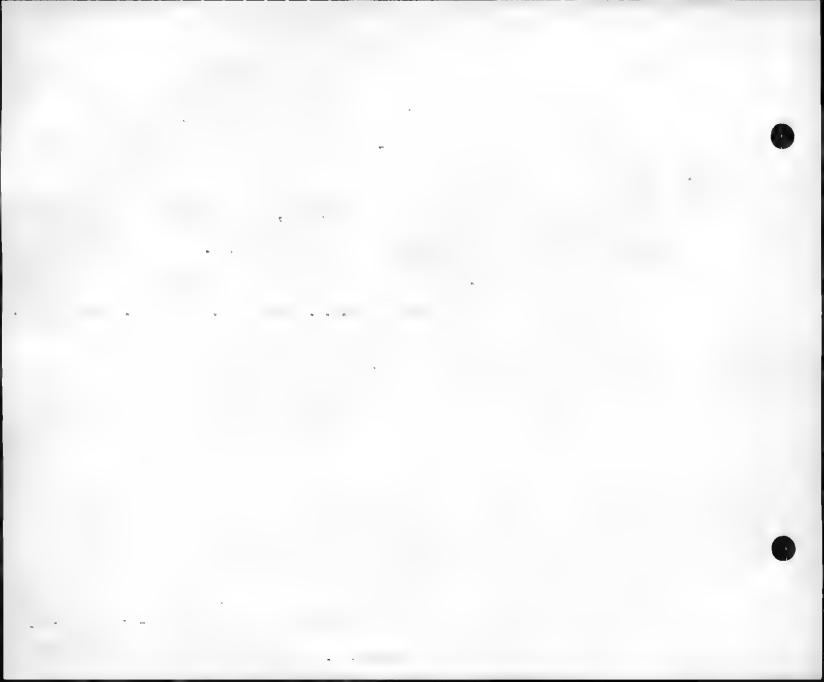
-53	1396	CERTIFICATE	OF DEATH	3.3	\$ \$ .Z.
1	PLACE OF DEATH		2 USUAL RESIDENCE (W	here deceased lived, if institution	. / /
才	W2341218/02	7 MARYLAND	/(ax	7/240	Washington
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	CITY OR TOWN (If our	side corporate firmits, write RURAL c	and give nearest town)
	H2964212200	Lolary	H39E	vstown	2 '
_	d NAME OF HOSPITAL OR INSTITUTION (If not in ha	ispital, give street oddress)	d STREET ADDRESS	. N.	e IS RES DENCE ON A FARM?
9	Washington Corn	14 Hospital	239	N/0/cm3	C YES NO D
1	3. NAME OF DECEASED (Type or print) Day of they	Lou /	Poper	OF DEATH Sep7	Doy Year 16 19 67
1	S SEX 6 COLOR OR RACE / 7 MA		B. DATE OF BIRTH	The trust is estimated to the	UNDER I YEAR IF UNDER 24 HRS
			pril 26,1928	A yrs	
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if-retired)	106 KIND OF BUSINESS OR		State or foreign country)	12 CTIZEN OF WHAT
	Notsewite	Own Home	Hagerston 14. MOTHER'S MAIDEN N	on, Md.	COUNTRY?
	I3. FATHER'S NAME				
	Charles &			Mae Jenkins	
	15 WAS DECEASED EVER IN U.S. ARMED FORCES?	la l	NFORMANT	Address	
	(Yes, no, or unknown) (If yes give wor or dates of service	None Mr.	W.L. Poper 23	39 N.Potomac St.	Hagerstown, Md.
ı	IB. CAUSE OF DEATH (Enter only one couse per	line for (o)/(b), and (c))		1	INTERVAL BETWEEN
-1	PART 1 DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	Adeno Caro	1 noma	brezst	ONSET AND DEATH
	DHE 10-/	D-+1 1	1 4	*	1000
	(anditions, if any, which gave ) 1 (b) 4	NISTAL and lec	2/ 1/2/	25/25/0	
	stoting the underlying couse DUE TO				
	last. (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED?
	2Do ACCIDENT WAS UNDERLYING				YES NO
	2Do ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Pr	ort I or Port fl of stem 1B)	
	OR CONTRIBUTING (AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form,	20f (City or town)	(County) (State)
	Hour o.m.	While Not While focts	ory, street, office bldg., etc )		
	21. 1 certify that (i) (this hospital)	attended the deceased from	15 Sxx 19	67, 10 /6 Sept	7 19 / that (I) (we) last
	saw the deceased alive on te	19 and that	death occurred at	1/05 M, from causes and	an the date stated above.
	22o. SIGNATURE	1////	ATTENDING	WED STAFF	22b DATE SIGNED
-	Bollen	ME ME	PHYS.	DIRECTOR PHYS.	16 Sey 167
	22c. PHYSICIAN'S Roan K E	Brumback	22d. ADDRESS	ing ST Ho	gristante
	230 BUR AL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
)	REMOVAL (Specify) 9/19/67	Rest Haven C	emetery	Hagerstown-W	ashington-Md.
	AL PHURAL BURGAR	ADDRESS	250 RECD	BY REGISTRAR 256 REGIST	RAR S SIGNATURE
1		and Hazarstone N	DATE SE	P 19 1967 /C	iarles Judge

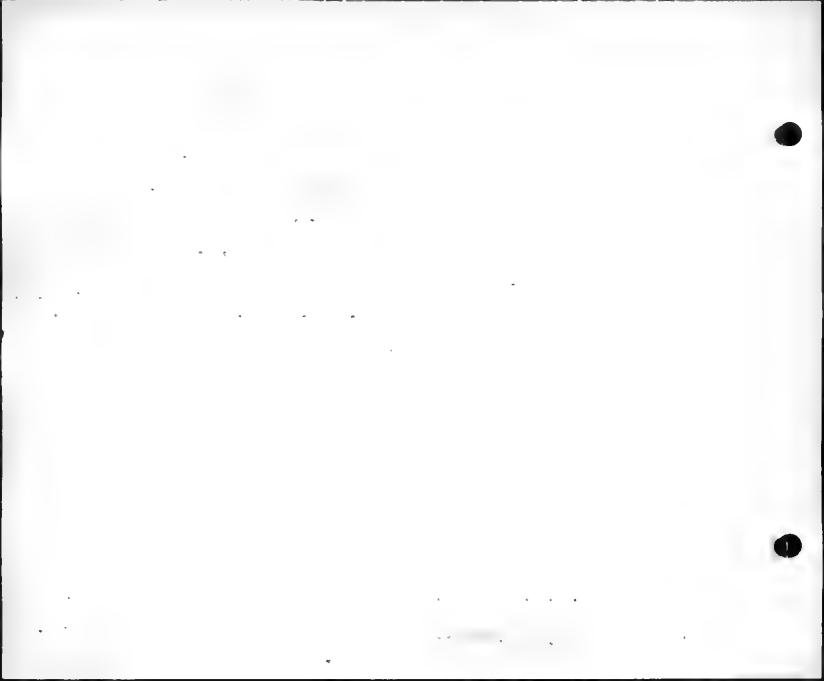
TO FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any poent, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death

Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67





death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the Intending physician India completely filled in by the fine director, page 3 should be detached for use as the burial-transit permit. Then please remove cappore, Pages, Tand Should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VC hours after-deeth. TO NOSPITAL BRATTENDING PRYBLEN. The law requires that the least certificate be executed mithin 24 flours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss a. STATE Md. b. CDUNTY Wash.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  MARYLAND  c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest to Hager stown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  39 W. Wilson Blvd.	d. STREET ADDRESS  ON A FARM
	TESE INVI
3. NAME OF First Middle DECEASED (Type or print) Henry Richard	Rouse DATE Month Day Year September 12,1967
1 1 MARKIED   1 MARKIED   1	9. AGE (In years IF UNDER 1 YEAR IF UNDER 244 4-7-01  9. AGE (In years IF UNDER 1 YEAR IF UNDER 244 1ast blythday) Months Days Hours M
103. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  105. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  106. KING OF BUSINESS DR INDUSTRY  107. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  108. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)	1 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN DE WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin F. Reuse	Nellie Richardson
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. (Yes, no. or unhown) [(free nive war or dates of service)]	INFORMANT Address
	Plaige Rouse, Hagerstown, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMMFDIATE CAUSE (a)  Myocardial infar	ction Hours
IMMEDIATE CAUSE (a) PRYOCATIGIAL TIMEST	2001
Conditions, if any, which \ (a) Generalized arte	riosclerosis Four yea
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last.	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP: PERFORMED
Diabetes mellitus	YES ND
G   OR CONTRIBUTING   CAUSE OF GEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	RREO. (Enter nature of injury in Part 1 or Part II of Item 18.)
S them and factor	CE OF INJURY (Home, farm,   2Df. (City or town) (County) (State ry, street, office bidg., etc.)
Hour a.m.  p.m.  19   While   Not While   satisfied at work   sati	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21. I certify that (I) (thus hospital) attended the deceased from	5/4 , 1965 , to 9/12 , 1967 , that (I) feed
saw the deceased alive on 9/9 19.67, and that	death occurred a 7:45 dl, from the causes and on the date stated abo
22a. Sengiure Martin M.D.	ATTENDING MED. STAFF 22b. DATE SIGNED 9/12/67
22c. PHYSICIAN'S NAME (Type) Donald E. Martin, M.D.	22d. ADDRESS
	418 N. Potomac St., Hagerstown, Md.
buria (Specify)  9-14-67  BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY HOLY Rosary	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Minnich Funeral Home, Hagerstown	, Md. DANSEP 15 1967 yellarles Juage

VR AIS (4) 20M I/65



### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLANO Department after death. funeral c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 15 TI.By INDIANAPOLIS HAGERSTOWN RURAL DAY 5 T d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS delay . and 3 to t 3024 afe WILSON DISTRICT KEYSTONE s after death. If any dela 8. Give Pages 1, 2, and 3 long with form. PM3. P. NAME OF First Last 4. DATE Month Middle OF DEATH DECEASED SEPTEMBER SANDERS (Type or print) ARTHUR 된 등 AGE (In years | IF UNCER 1 YEAR | IF UNDER 24 HRS 8. OATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIEO last birthday) Months 36 MALE APRIL 10. 1931 NE WICOWED DIVORCEO F event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INOUSTRY INDIANA DRIVER TRUCKING CO. pages 1 in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 24 hours SANDERS DALE HEIDEN ZIMMERMAN Item File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 3024 drass 16. SOCIAL SECURITY NO. (Yes, no, or unkown) . (If yes give war or dates of service) permit. I removal, EXAMINER: This certificate should be executed within the certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's r files. KOREAN WAR 807-32-3262 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremation, or Fractured skull DUE TO Conditions. If any, which (b) gave rise to immediate **OUE TO** ceuse (a), ateting the ca underlying cause last. (c) ed as burial PART II. OTHER SIGNIFICANT CONCITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONCITION GIVEN IN PART 1(0) CERTIFICATION 2 23 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS o e PRIMARYO OF CONTRIBUTING CAUSE OF DEATH. Tractor-trailer ran off road, throwing occupant forward. bould nt, pri 3 shou agent, MEDICAL 20f. (City or town) 120a, PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Not While at work Interstate 70 CTOR: Page designated 9/28 1967 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x. DIRECTOR: Accident . Suicide Homicide Natural causes death resulted from: execute the r. Page 4 s d for your t CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 20 FUNERAL I DEPUTY MEDICAL EXAMINER TY **EXAMINER'S** please ex director. retained HOWARD N. WEEKS. M.D. NAME (Type)

KEYSTONE AVE. MRS. PHYLLIS SANDERS, INDIANAPOLIS, INDIANA. INTERVAL BETWEEN ONSET AND OEATH sudden 19. WAS AUTOPSY PERFORMEO? YES 🗍 NO K (County) (State) West of Hagerstown, Md. and In my opinion Inquiry Undetermined manner 9/28/67 22. DATE SIGNED 580 NORTHERN AVE. Address (Street, city, town, or county) HAGERSTOWN . MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ochania 1967

e. IS RESIDENCE

ON A FARM?

Year

1967

Hours

28.

Oavs

COUNTRY?

12. CITIZEN OF WHAT

U.S.A.

NO X

VR ALSME (5) 1/65

0

BURIAL, CREMATION, 23b. REMOVAL (Specify)

CHARLES M. ROUZER.

REMOVAL

FUNERAL DIRECTOR

CATE THEREOF

29/67

ADOR ESS

HAGERSTOWN. MARYLAND

\* #60

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the wheal director, page 3 should be detached for use as the burial-transit permit. Then please remove tarbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any-event, within 72 hours after death.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

DWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND .

CERTIFICATE OF DEATH

13875

1. PLACE OF DEATH a. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE  b. COUNTY 1.7
Washington MARYLANO	Masn.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Hagerstown  c. LENGTH OF STAY IN 1b  2 months	c. CITY OR TOWN (If outside corporata limits, writa RURAL and give nearest town)  Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS   a. IS RESIDENCE
831 View St.	831 View St.
3. NAME OF First Middle DECEASED First Middle Margaret	Last 4. DATE Month Day Year
	Seifert   BEATH September 12,1967
female   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO   DIVORCEO	8. OATE OF BIRTH  7-4-98  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 Hrs.   FUNDER 24 Hrs.   Months   Oays   Hours   Min.   Min.   Oays   Hours   Min.   Oays   Oaas   O
10a, USUAL OCCUPATION (Give kind of work done during most of working lifa, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
nurse	Cumberland, Md.
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
Otha H. Alburtis	unknown
(Vec on or unicoun) ((If yet nine war as dates of coveled)	INFORMANT Address
no 217-28-0517	Margaret Bittinger, Hagerstown, Md.
18. CAUSE OF DEATH (Enter only one cause per lina for (a), (b), and (c).]  PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gava rise to immediate cause (a), stating the	Melanoma Interval Between ONSET AND DEATH.
underlying causa last. (c)	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMEOT  YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	RREO. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
21. I certify that (1) (this hospital) ettended the deceased from  saw the deceased alive on 1961, and that  22. SIGNATURE  M.C.  PHYSICIAN'S  NAME (Type) Donald E. Martin, M.D.	22d. ADORESS 418 N. Potomac St., Hagerstown, Md.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY BUTIAL Specify 9-15-67 Hillcrest B	urial Park Cumberland, Md.
24. FUNERAL OIRECTOR Minnich Funeral Heme, Hagerstown	, Md. SEP 14 1967 REGISTRAR'S SIGNATURE SEP 14



## MARYLAND STATE DEPARTMENT OF HEALTH

21201 3878 301 W. PRESTON STREET, BALTIMORE, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 2

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	A South	S	0	7	
_		_	_	_	

FOR STATE HEALTH

P.M.3. Page

arry dallay is

necessary, please execute the certificate, writing the word "pending" in pencl in Item 18. Give Pages 1, 2, and 3 to

IN EXAMITER: This certificate should be exercited within 24 nours after doubth If

the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3 Hearth Section is designated agent, prior to bur al, cremation, or removal, and in any event within 7.

A transportment of the state of

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE	E OF DEATH	***************************************				2 USUAL RESIDENCE	(Where deceased liv	ed, if institutio	n: Residenci	before odmission)
a (O	UNTY	Washin	gton	ANA DWI A		a. STATE M.	d.	p CONN.	IY wa	sh.
L CIT	V OR TOWN ()	f autside carparate lin		MARYLA  C LENGTH OF STAY N		1				
-W	rite RURAL and	give nearest tawn) COWN	1115,			c CITY OR TOWN (IF a		irs, write kuki	at and give	nearest tawn)
Ha	agersi	rown		11½ y●aı	rs	Hagerst	own			· 1
		AL OR INSTITUTION (H	nat in haspital, g	give street address)		d STREET ADDRESS				a IS RESIDENCE ON A FARM?
		od Hts.				1242 Ra	venwoed	Hts.		YES NO
3 NAMI DECE			First	M ddle	-	Last	4 DATE OF	Month		Doy Year
	ar print)	Barba	ra	Jun e	SI	nanklin	DEATH	Sept	embei	23, 19 67
5 SEX		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE	(In years	IF UNDER 1	
fer	nale	white	WIDOWED	DIVORCED		3-25-31		Sirthday) Yrs	Manths	Days Haurs Min
10a USU	AL OCCUPATION	(Give kind of wark da		ND OF BUSINESS OR		11 BIRTHPLACE (State	ar fareign country			ZEN OF WHAT
te	acher	ife, even if retired)	pul	DISTRY school	1	Philade:	lphia,	Pa.	(00	MIKL
13 FATH	HER'S NAME					14. MOTHER'S MA DEN	NAME			
	F	lussell .	L. Davi	son			Mary	Sout	nerla	ınd
		R IN U.S. ARMED FORCE		SOCIAL SECURITY NO +	171	NFORMANT	· · · · · · · · · · · · · · · · · · ·	Addres	5	
(Tes, no,		(If yes give war or date	164 Les to service	+-26-9394	A:	rthur F.B.	. Shank	lin, l	lager	stown, Md
18.	CAUSE OF DE	ATH (Enter only one	cause per line for	(a), (b), and (c).)	-		,			INTERVAL BETWEEN
	PART I DEAT	H WAS CAUSED BY	g (a) Spin	al Cord Dam	226	With Fract	ure Of Ce	ervi cai	}	In stant
1 8	(12.4		UE TO Vert							-
Can	ditions, if any,		(b)	cora.					- 1	
	ta immediati		UE TO							
stati last	ing the under	lying cause							į	
	-	Sulciciant coup : our	(c)	A DEATH OUT HOT DELAY	TD TO 3	The Tenning Disease on	ADDITION COMM. 4	24 DT 1. 1	1	19 WAS AUTOPSY
₹   PAK	I II OTHER SC	SNIFICANT COND TONY	CONTRIBUTING	O DEATH BUT NOT RELAT	ED 10	HE TERMINAL DISEASE CO	INDITION GIVEN N	AKI (d)		PERFORMED?
- 1Ē										YES NO
	EXTERNAL CAL MARY Or COM		20ъ DE	SCRIBE HOW INJURY OCCU	URRED	Enter nature of injury in	Part I or Part II of	rtem 18 )		
E CAU	ISE OF DEATH		nick in	back by tru	ok i	wheel flwin	g off of	กลรราก	ng tim	ink.
WEDICAL 200	TIME OF INJU	RY Manth, Day, Year			Oe PLAC	E OF NJURY (Hame, for	m 20f (City	or town)	((au	
내물	:38 pm		%7 While			ory, street, office bldg , etc.	.)	- d	Machi	noten Md
						reet				neton. Md
				nains described obo		4 1 1 1	Inspection 8		'	and in my opine
	death result	ed from: Noti	rol couses	, Accident x,	2010	ide 🔲, Homicide		ermined mo	nner 🔛	
ACT	UAL	1 5	2/ 5	-4/		CHIEF MEDICAL	EXAMINER	,		22. DATE SIGNE
	NATURE	Nece	W of	rea V			DICAL EXAMINER	0.	-25-67	
EXA	MINER'S	- /					al examiner 🔀			
NA	ME (Type) D:			r. U			et, city, tawn, ar cou			ı. Md.
	RIAL, CREMATIO			23c NAME OF CEMETE			23d LOCATO			County) (State)
bi	MOVAL(Specify) <b>urial</b>	9-2	6-67	Baldwin N	lem	. Church	Mill	ersvi	Lle,	Md.
24 FUN	VERAL DIRECTOR			ADDRESS			D BY REGISTRAR		ISTRAR 5 S	
Mi	nnich	Funeral	Home,	Hagerstov	٧n,	Md. DATE S	EP 28 19	67 /	Mark	es Judge

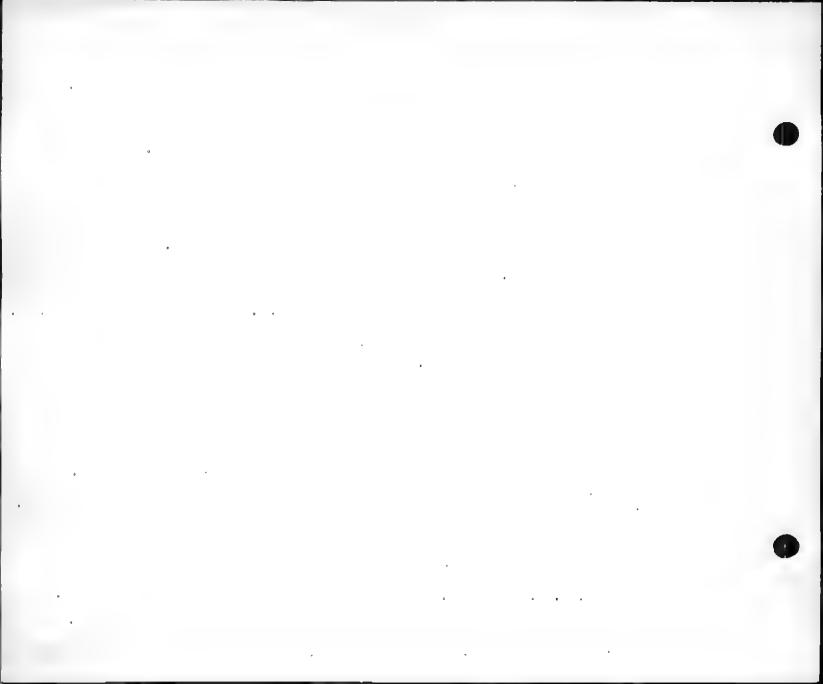
P VR A15ME (5) 6M 1/66 O/

3

may be retoined for your files.

100

TO DIPUTY



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the fine funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. 24 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within lage 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH QUIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5 1 d	SEX 6. COLDR OR RACE 7. MARRIED X NEVER MARRIED DIVERCED DOZ. USUAL OCCUPATION (Give kind of workdone uring most of working life, even if retired) INDUSTRY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admit e. STATE Md. b. COUNTY Wash.  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to Hagerstown  d. STREET ADDRESS 135 North Av.e  Last 4. DATE OF DEATH September 141967  Shannon DEATH September 141967  3. DATE OF BIRTH 9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24   IF UN	own) / ENCE
	oreman car shop railroad 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Johnson F. Shannon	Barbara Eckenrode	
(	Yes, no. or unknown) I (If yes nive way or dates of service)	INFORMANT Address	
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic C.	nn N. Shannon, Hagerstown, Md.  INTERVAL BETWONSET AND DEA  ardio Vascular Disease 5 years	
ACDT: CIPATION	Cenditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO CONTRIBUTING TO	PERFORME	PSÝ
- 1		RRED. (Enter nature of injury in Pert i or Part i! of Item 18.)  CE OF INJURY (Home, farm,   20f. (City or town) (County) (State	te)
MEDINAL	Hour a.m. While Not While factor at work 19 at work	ry, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 9-7-19-67, and that 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Dr. F. W. Ditto, Jr. 21	death occurred at 7:30M, from the causes and on the date stated at P.M.  ATTENDING MED.  PHYS. 22b. DATE SIGNED  MED.  STAFF 9-15-67  22d. ADDRESS  W. Washington St., Hagerstown, Md.	bove.
2	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY PLOY 9-17-67 Rest Haven	Cemetery Hagerstown, Md.	3)
-	ADDRESS ADDRESS Hagerstown Minnich Funeral Home, Hagerstown	n, Ma 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE DATE SEP 18 1967 ACLIANCE Judge	

VR AIS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

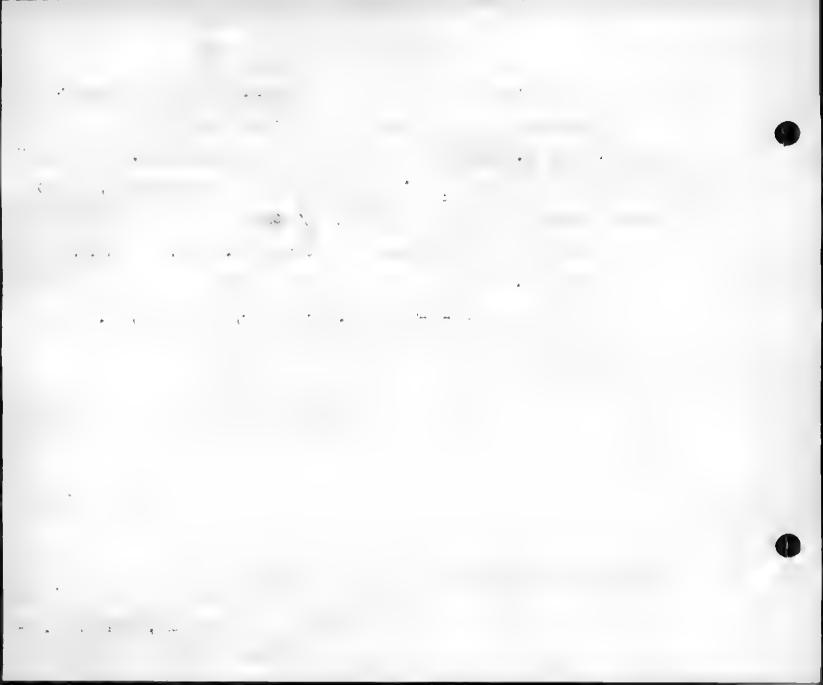
		- UU 0 12	CERTIFICATE	OF DEATH		13078
		PLACE OF DEATH O. COUNTY // /a - hence	to all manufactor	2. USUAL RESIDENCE ONhere do o. STATE	deceosed lived, if institution Res	s dence before odmission)
	-	CITY OR TOWN (If autside copporate limits, drije RURAT) and give near/st tewn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de co	erporate limits, write RURAL and	give nearest town)
1	a	NAME OF HOSPITAL OR INSTITUTION (II not in h	ospital, give street oddress)	d. STREET ADDRESS /	Line, Pa	e is residence on a farm? YES \( \square\) NO \( \bar\)
		NAME OF DECEASED ORPHA	E. SHII	UDLE 4. DI	FATH SEPT.	16 1967
_	1	emale white wi	DOWED DIVORCED	3/2//887	9. AGE (in years IF UN Mont yts.	ths Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	Frank M	or foreign country?	2 CITIZEN OF WHAT COUNTRY S
	13.	Jacob Craw	ford	14. MOTHER S, MAIDEN NAME Fate E	Hen Cu	mp
	1S (Ye	WAS DECEASED EVER NUS ARMED FORCES? s, no, or uninown) (If yes give wor or dates of servi	16 SOCIAL SECURITY NO .17 1 266 - 98 - 305/	Merle 7.	Shindle-	State Line la
		1B. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	Tiney or (o), (b), and (c),	marking	ge - 3 a	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove nise to immediate couse (a),	Ann Mille	The Coll	Mallell	water-
		stoting the underlying couse (c)				20425-
,)	F CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART I(0)	YES NO 13
	CERT	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED (	(Enter nature of injury in Part 1 a	r Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o'm p.m. 19		CE OF INJURY (Home, farm, pry, street, office bidg., etc.)	20f (C'ty or town)	(County) (State)
		21 I certify that (I) (this hospital) saw the deceased alive on		depth accurred of 2		the date stated obove.
		220 SIGNATURE 221 PHYSICIAN'S	M.C.	ATTENDING MED DIRECTION OF THE PROPERTY OF T	C STAFF C	DATE SIGNED
1	00	NAME (Type)	CALLANI)	2 STILL	Made	11/19
	á	PORIAL CREMATION 23b DATE HEREOF	67 Beautiful	View Low,	Wash, Co.	(County) (Store)
3	14	FUNERAL DIRECTOR	ADDRESS (Special A)	46 P 250 REC'D BY RE	EGISTRAR 2Sb REGISTRA	A. O

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. to Funeral director: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages Page shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs directed Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13079 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE P.M.3 Page Franklin Washington b City OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown 3 day
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Greencastle 3 days d STREET ADDRESS e IS RES DENCE ON A FARM? farm durs Washington Co. Hospital (C) 162 East Franklin St. YES NO 🗷 Give Pages haurs after death thest n 72 3 NAME OF DATE Middle Snyder DECEASED Mary (Type or print) September alang S SEX 6 COLOR OR RACE AGE (in years 7 MARRIED A NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) ₹ Months WIDOWED DIVORCED / 8 / 1898 and 2 Office event Female White TDo USUA, OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLAC State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Franklin Co. Penna. U.S.A. Housey work icate, writing the ward "pending" in pencil is be forwarded to the Chief Medical Examiner 13 FATHER'S NAME within 14. MOTHER'S MAIDEN NAME File Edward H. Poper Alverta Goetz IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT remayal (Yes, no, or unknown) (If yes give wor or doles of service) 203-10-9474 A. Earl Snider, Greencastle, Pa. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART DEATH WAS CAUSED BY Lacerated brain and subdural hematomas INTERVAL BETWEEN Sylegan Ь IMMEDIATE CAUSE (o) This certificate should crematian, DUE TO burial Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PEREORMED? YES NO p 200 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 20b DESCRIBE-HOW-IN-HRY OCCURRED (Enter nature of Injury in Port 1 or Port 1) of Item 18) prior 3 shauld CAUSE OF DEATH 2Dc TIME OF HUURY RENTE BOY YEOR 2Dd INJURY OCCURRED 20e PLACE OF NIURY (Home, form, (City or fown) (County) (Stote) Not While at work focto [4] steep affice bidg , etc ) Greencastle Pa. of work 21. I certify that I took charge of the remains described above, held an Autopsy [3], Inspection . Inquiry [ and in my opinion funeral director. death resulted from: // Notural causes Accident XX. Suicide . Homicide [ Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER **SIGNATURE** 16/67 Heolth ar Weeks. **EXAMINER'S** NAME (Type) 230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Greencastle, Franklon Co Cedar Hill Cemetery 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATU

VR A15ME (5)



## MARYLAND STATE DEPARTMENT OF HEALTH

	1	. 1		Division of STATISTICAL RESEARCH AND RECORDS, 30	1 W. PRESTON STREET, BALTIMORE, MARYLAND 212	10 to 10
	A	1		4 007 CERTIFICATI	E OF DEATH	B 11 (3 ()
outh.	funeral 1 and 2 1er death:			PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residen	ce befare admissian)
å j	une 1 a		1	Washington Maryland	Maryland b. COUNTY Was:	hington
affe	np etely filled in by the fur e capear, papers. Pages 1 vert, within R hours after			b. CITY OR TOWN (If autside carparate mits, c LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carparate imits, write RURAL and give	nearest tawn)
SI SI	by t Pa		F	write RURAL and give nearest town)	Big Spring, Md.	11-1
b 4	는 양양	£ "	-	d NAME OF HOSPITAL OR INSTITUTION (IF not in haspital, give street address)	d. STREET ADDRESS	e is residence On a farm?
n 24	camp etely filled nave capear paper	P		Residence Big Spring, Md.	Rural	YES NO
Æ	~ 情	<b>F</b> }		NAME OF First Middle DECEASED	Los1 4 DATE Month	Day Year
P	# B			(Type or print) Olive Lucy Sn	vder DEATH Sept.	15 19 67 I YEAR   IFUNDER 24 HRS
cute	e K		S.		last birthday) Months	Days Hours Min
×	ician and cam lease remave and in any ev			Temale White WIDOWED DIVORCED US_AL OCCUPATION (G ve kind of work dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country) 12 (1)	TIZEN OF WHAT
þe	se r din		don	ng mast af wanking life, even if retired) IND-STRY	(0	UNTRY?
cate			13.	House work Home duties	Salem W. Va.	U.S.A.
iii	ling physician and c Then please reme removal, and in any			Daniel S. Smith	Laura V. Riggs	
£	re Te		15	WAS DECEASED EVER IN IT'S ARMED FORCES? IA SOCIAL SECURITY NO.	INFORMANT Address	
deat	or mit		{Ye	s, no, or unknown) (If yes give war ar dates of service) N  218-50-3822F	rederick H. Snyder, Big S	nring. Md.
requires that the death certificate be Executed within 24 haurs after death a physician.	signed by the attr burial-transit perr burial, cremation,			1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)		INTERVAL BETWEEN
<u> </u>	y th insit			PART : DEATH WAS CAUSED BY  Atherosclerosi	s Cerebral and generalized.	ONSET AND DEATH
quires the	signed by the burial-transit burial, cremat			DUE TO		6 yrs
auir Sylv	signed   burial-tr burial, c			Canditians, if any, which gave (b) (b)		
ng p	en s he b			stating the underlying cause		
The law reattending	has been se as the h prior tal			PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
The aft	노 S モ	6,	NO.	Hypertensive Cardiovascular Disease	THE CENTIONE DISEASE CONDITION OFFER IN TAKE 1(9)	PERFORMED?
# 5 =	E - 6		CERTIFICATION		(Enter nature of injury in Part 1 or Part II of item 18.)	
Sign	ed f			OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYSICIAN: e haspital a	this certi etached Dept. a		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PL		unty) (State)
F P	det det		MEC	Hour a.m. While Not While fac	ctary, street, affice bldg , etc.)	
OR ATTENDING PHYSICIAL be retained by the haspital	After 1 be de State			21. I certify that (I) (this haspital) attended the deceased from_	August 28 , 19 67 to Septem 1519	67, that (I) (we) los
in eq	S shauld with the				of death occurred of $7.1\%$ , from causes and on t	
AI	With the second	_		22a. SIGNATURE	DIRECTOR PHYS.	ate signed . 1967
5 S	AL DIR page	()			in but? En piktriok en but?	
ITAI	RAL Po	201		NAME (Type) W.T.Layman, M.D.	22d ADDRESS 100 Prof. Arts Bld. Hag	gerstown.
OSP 9 4	# 호구·	X	230	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (State)
Pag P	die die	34,1			Cemetery Clear Spring	Md
		1 10,	24	. FUNERAL DIRECTOR ADDRESS	Cemetry Clar Spring	
	VR A15 (4) 1 20 M 1/66	119,	V)	named Rowland Clear Spring	, Md. DATE SEP 19 1867 golian	las Judge



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13077			CERTIFICAT	E OF DEATH	,		1	3881
1.	PLACE OF DEATH				2 USUAL RESIDENCE (	Where deceased	lived, if instituti	on: Residence	before admission)
L	a. COUNTY	Washingto		MARYLAND	o STATE Mary	land	p conv	Washi	ngton
L	b. CITY OR TOWN (I	f outside corporate limits give nearest tawn)	e e	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate	limits, write RUR	IAL and give n	eorest town)
L		_ dagerstow		19 yrs	Hage	rstown			
Г	d NAME OF HOSPIT	AL OR INSTITUTION (If no	t in haspital, (	give street address)	d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
L		hington Cou					Parkway		YES NO X
3.	NAME OF DECEASED	Fire		Middle	Last	4 DATE	Mont		Doy Year
L	(Type or print)	Alic		Mildred	Solt	OF DEATH	Septem		21 19 67
5,	SEX Jemale	6. COLOR OR RACE White	7 MARRIED WIDOWED	□ NEVER MARRIED □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	B. DATE OF BIRTH Dec. 17.1902	9. 3	GE (In years ost birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS ays Haurs Min.
10		(Give kind of work dane		ND OF BUSINESS OR	11. SIRTHPLACE (County	R State or forest	yrs.	12 (1717)	N OF WHAT
	ring most al working <b>Deac</b>	lyte, even if retired)	IN	Public School	Eckart Md		11 100111111	US	IPA 5
13	B. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
		Samuel	J. Lewi	4	Ann	ie Barn	ard		
15	. WAS DECEASED EVE	PINILS ARMED FORCES?	16	SOCIAL SECURITY NO. 17.	INFORMANT 1369	N. VAN	Don Addre	Σ.L.	22304
	_ No	(If yes give wor ar dates o	21		Solt Ir.		Al	exandr	ia, Va.
	PART I. DEAI  Conditions, if any, use to immediat stating the unde- last.	e cause (a), { lying couse }	(o) M TO (b) C TO (c)	y o cardial	Lrombosi				INTERVAL BETWEEN ONSETTAND DEATH  Z CZYS
CERTIFICATION	PART II OTHER SI	-		TO DEATH BUT NOT RELATED TO					19 WAS AUTOPSY PERFORMED? YES NO Z
CERT	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)			. (				
MEDICAL	20c. TIME OF INJI Hour o.r p.r	10	20d. II While at wor	Not While of fo	ACE OF INJURY (Hame, farn ctary, street, affice bldg., etc.)		(ity ar tawn)	(Count	(,
		y that (1) (this bospeceased alive an S		ded the deceased fram_ 19 <u>67</u> , and the	of death accurred at	9 <u>57</u> , to_	rom couses	<u>.[, 19<i>6-7</i></u> and an the	, that (!) (we) la date stated abov
	22c PHYSICIAN S NAME (Type)	onta.	4	Mon *	ATTENDING PHYS 22d ADDRESS	MED DIRECTOR C	STAFF PHYS.	226. DATE 9/2	467
-		4073	O T				m2C 5		rentoun
L	BURIAL, CREMATIC REMOVAL (Specify Burial	1 9/2	3/67	230 NAME OF CEMETERY OF Eckhart Cema	etery	Eckha	TION (City or To	gany-M	ounty) (State) aryland
	a. funeral directo Rest Have	40.40	War al	Hagerstown.		D BY REGISTRAR	67 20	GSTRAR'S SIGN	
1 /	rear nave	i june tal L	THUNEL	NULLERANDWILL	PAGE VALUE	NO	1	- 9	11 0

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours affet.

Page 4 may be retained by the hospital ar ottending paysicion

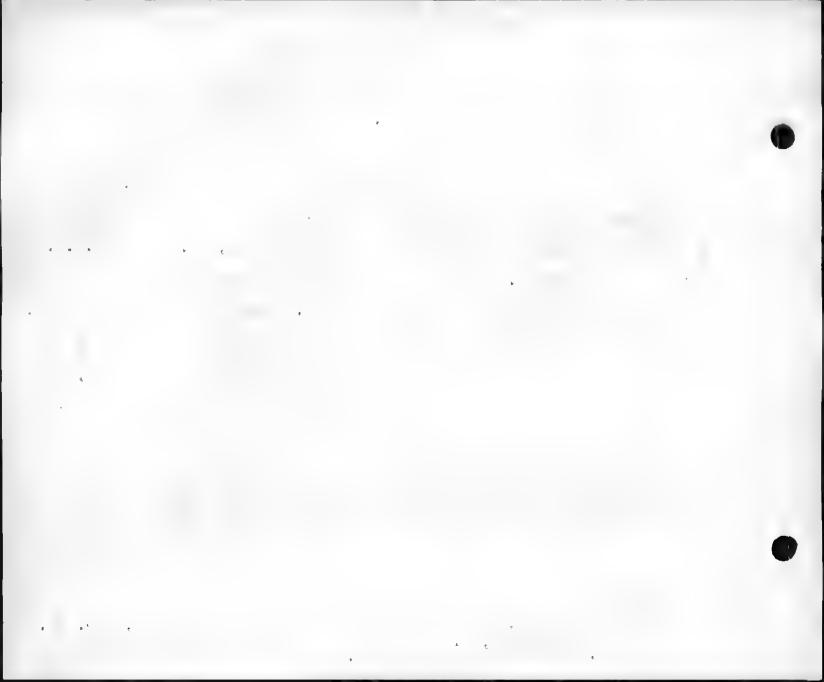
VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de≡th certificate be executed within 24 hours after ≣eath. Page 4 may be retained by the haspital ar attending physician.

M		15070		CERTIF	ICATE	OF DEATH			736	82		
funeral 1 and er death	1. [	PLACE OF DEATH	on	MARY	1	2. USUAL RESIDENCE (W		b. COUNTY	es dence before	odmission)		
by the Pages aurs aft	1	CITY OR TOWN (If outside con write RURAL and give nearest Hagerst	tawn)	4 Mos.			ts, write RURAL on	and give neorest town)				
ed in ippers.	(	NAME OF HOSPITAL OR INSTITU Washing ton		_		d street address	k Hill	Ave		ON A FARM?		
ely fill ogn p within		NAME OF DECEASED	First	Middle		Lost	4 DATE OF	Month	Doy	Year		
r attending physician.  e has been signed by the attending physician and campletely filled in by the funeral use as the burial-transit permit. Then please remove carban papers. Pages I and use as the burial, crematian, or removal, and in any event, within 72 haurs after death	5 5		R RACE 7 MARRIEO	Ethel  NEVER MARRIED	-	ngler   DATE OF BIRTH	DEATH 0 AGE	Sept.		1967  IF UNDER 24 HRS  Hours Min,		
	100	'emale Wnit	work done 110b K	IND OF BUSINESS OR	A	ug.5,1885		Yrs	12 CITIZEN OF	WHAT		
		ng most of working life, even if re House Wif FATHER S NAME	e O	wn Home		Emuler thou		COUNTRY 2				
		Joh	n G. Hess			Agn	es Bak					
	15 {Ye	WAS DECEASED EVER IN U.S. ARM s. no, or unknown) (If yes give w None N	ED FORCES? 16. or or dates of service) One	None	1	ormant n H. Span	gler li	Address 106 Oak	Hill	Ave.		
	MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED	ED BY NATE CAUSE (o) DUE TO	(o), (b), ond (c).)	1 17	ifarct /				RVAL BETWEEN ET, AND DEATH		
		nise to immediate couse (a), stating the underlying couse last.  PART II OTHER SIGNIFICANT CO	DUE TO	rteriosc	lero	tic Heer	+1,	1 2507	. 8	W.S AUTOPSY		
inficate has defined for use of Health p		PART IN OTHER STONIFICANT CC	<del></del>						YE	PERFORMED?		
haspital ar certificate iched far u spt. af Heali	L CERTIFI	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	ESCRIBE HOW INJURY OF	CCURRED. (Er	iter nature of injury in P	art I or Part II of	item 18)				
the hasp; r this cert detached te Dept. a	MEDICA	29c TIME OF INJURY Month, I Hour o.m. p.m.	Day, Year 20d I While of wor			OF INJURY (Home, form, ,, street, office bldg., etc.)	20F (City	or fown)	(County)	(State)		
Page 4 may be retained by the Cornel of FUNERAL DIRECTOR: After director, page 3 should be described by the State of the S		21. I certify that (1) (this hospital) attended the deceased from AUS -2/ , 1959 to SPPT-23, 1967, that (1) (we) las saw the deceased glive an 50PT-23 1967, and that death occurred at 250 M, fram causes and on the dote stoted obove										
		220. SIGNATURED ATTENOING ATTENOING PHYS ATTENOING PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHYS										
		PAME (Type) 1/0+d A. Hol-Fmer 214 M. Potomic St.										
Page 4 may TO FUNERAL I director, pag Should be fil	E	REMOYAL (Specify) S	ept.26/67	Rest Ha		Cemeterv	Hager	(City or Town)	(County)	(Stote)		
VP ATS IA	24 An	funeral DirectorHage:	rstown, Md.	ADDRESS		250 REC'D DACCT	BY REG STRAR	25h pergistr.	AR S. S. GNANUR	dge		



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TORNA

			CERTIFIC	AIL	OF DEATH			al v	3 43 47	10	
I. PLACE OF DEATH					2. USUAL RESIDENCE	Where deceos			e belare	admissia	in)
a. COUNTY	Washington	1	MARYLA	ND	d. STATE Mary	land	Ь. С <b>О</b> И	NIY Wasi	ring	tom	
	(If autside carparate limit nd gwe nearest town)	ls,	c. LENGTH OF STAY IN	1b	c CITY OR TOWN (If o	utside corpora	te limits, write RU	RAL ond give	neoresi	town)	
	Hometow	2	45 un	· S-	Hage	ratown	L.			1	
	ITAL OR INSTITUTION (If n				d. STREET ADDRESS				6	IS RESID	ENCE ARM?
Jack	son Convale	scent Ho	me		785	S.Poto	mac St.		YI		NO 🔀
3. NAME OF DECEASED		irst	Middle		Last	4 DATE	Man		Day	Yeo	Jr .
(Type ar print)	AL		May		Stouffer		Septem		5		67
S. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	اليا	B. DATE OF BIRTH		. AGE (In years last birthday)	Manths	Days	IF UNDER Haurs	24 HRS Min.
Temale	White		DIVORCED		Geb. 14, 1888		79 yrs.				
during mast af warkin	ON (Give kind of work dane ig life, even if retired)	ING	D OF BUSINESS OR		11 BIRTHPLACE (County				ZEN OF I	WHAT	
	sewife		)wn Home		Shippens		enna.	U	SH		
13 FATHER'S NAME	Edward (	V-++:			14. MOTHER'S MAIDEN	NAME	14:				
15 WAS DECEASED S	( awara 1		OCIAŁ SECURITY NO.	12 1	NFORMANT	141/4	Hipper				AA 8
(Yes, na, or unknown	(If yes give war or dates	af service)				1.	705 C D.			O WYZ,	Md.
/YO	DEATH (Enter anly one car		2-30-8799	1112	s. Helen Mow	bray	785 S.P.	Tomac		VAL BET	WEEN
PART I DE	ATH WAS CAUSED BY.		0), (0) 100	no	1 en	Vin	dis	ints.	ONS	T AND D	EALL
	IMMEDIATE CAUSE		00/	10	7	1//	// 4/	VICE			1
	y, which gave	(b)	/			0 /					
rise to immedia											
last.	)	(c)									
PART II OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO	THE TERMINAL DISEASE CO	NOTION GIVE	N IN PART 1(0)	1.1	19 V	VAS AUTO	)PSY
& JUMIN	vorded C	wer	1. 189, a	Ci	ite cust	its	Men	MUS	YES		NO Z
	AS UNDERLYING  GCAUSE OF DEATH	20b. DESC	TRIBE HOW INJURY OCCI	URRED.	(Enter nature of Injury in	Part I ar Part	Il of item 18.)				1
	Y MEDICAL EXAMINER)										
20c TIME OF IN	IJURY Month, Day, Year	20d. INJ While	URY OCCURRED 2		CE OF INJURY (Hame, far) ory, street, office bldg., etc.		(City ar tawn)	(Cau	nty)	(:	Stote)
	o.m. 19	at wark	at work			<i>'</i>					
21. I sort	ify that (I) (this has	spital) attende	ed the deceased fr	am_4	april.	19 <i>52</i> , to	5 dep	6, 196	Z tha	t (I) (y	ve) la
saw the	deceased alive an	11 cyaz	19 <u>67</u> , on	d that	death accurred at	7 <u>7</u> M	, fram causes				abov
220. BIGNATUR	27 , 11	1/K	7	D.	ATTENDING	MED.	STAFF -	22b. DA	IE SIGNE	45	
22 / PHYSICIAN	MAN	4/1	TAMA	7/11/	PHYS. LT	DIRECTOR	LJ PHYS. L	-	/-/	- /	
NAME (Typ		11-1-12	Birtord	m	D 1135-Pot	THE !	Svei Hy	ecusto	my	M	1
230. BURIAL, CREMAT		EREOF	23c. NAME OF CEMETE	RY OR	CREMATORY	23d LO	CATION (City or To	iwn) (	County)	{5	tote)
REMOVAL (Speci	7 1 0/7	/67	Rose Hil	LC	emetery	Hage	rstown-				
24 FUNERAL DIRECT	ORW les Co	Mosal	ADDRESS		25a REC	D BY REGISTR		G STRARS SI	SNATURE	nog	6
Rest Hau	ven Juneral	Chapel	Hagerston	m. M	d_ DATE SE	PIL	196/		0	-	
and the same of th				The same of							

nd 2 TO MOSPITAL OR ATTENDING PUYSICIAN: The low requires that the death certificate be elecuted within 24 hours after alliath. era TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and sempletely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove cordan papers permove solved to the should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in dry events. Within 72 hours Poge 4 may be retained by the hospital or attending physicion.

eath.

VR A15 (4) 25M 1/67

and the state of t

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# FOR STATE MEALTH DEPT. I'm or

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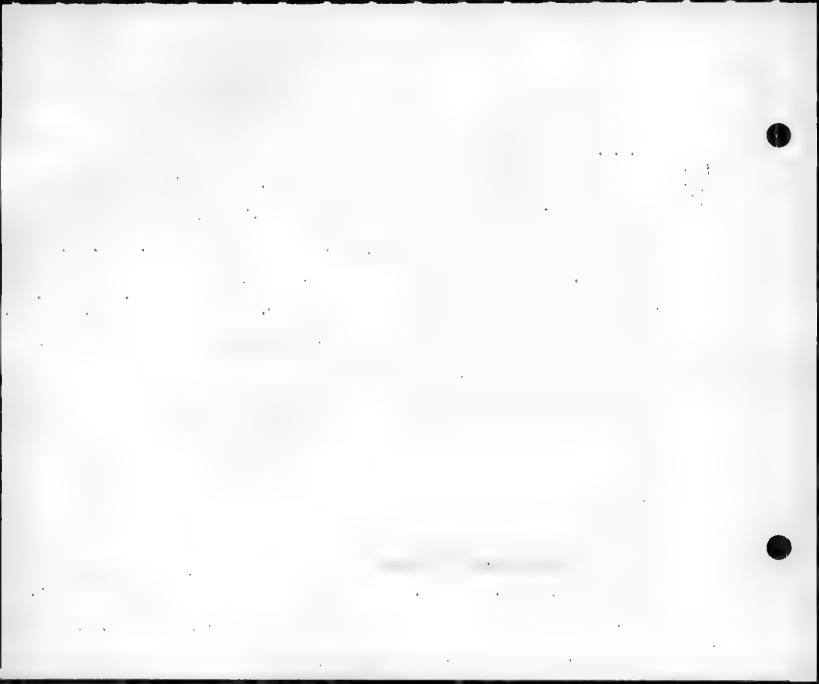
1 2 with the State Department it within 74 hours after death. TO EIPUTY MEIN. — EXAMINER: This certificate should be executed within 24 lough after death. If any delay the funefold please execute the certificate, writing the word "pending" in pendi in item 18. Give Pages 1, 2, and 3 to the funefold director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> 1/65 VR ALSME

				MARY	LAND	STAT	TE DE	PARTI	<b>JENT</b>	OF !	HEAL	TH			
Divisio	n of	STAT	ISTICAL	RESE	ARCH A	ND RE	CORD	S, 301 W	. PRES	TON	STREE	T, BALT	TIMORE	1, MARY	LAND
100	12		MED	ICAL.	EXA	MINE	R'S	CERT	IFIC/	ATE	OF	DEAT	H	7, 9	00

			7 7 7 7 7 7
1. PLACE OF DEATH S. COUNTY		2. USUAL RESIDENCE (Where deceased fived, If institution: a. STAYE b. COUNTY	Residence before admission)
WASHINGTON	MARYLAND	MARYLAND WA	LSHINGTON
b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
RURAL HAGERSTOWN	1 DAY	HAGERSTOWN	/
d. NAME OF HOSPITAL OR INSTITUTION (If no	it in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	OUNTY HOSPITAL	108 EAST IRVIN AVENUE	YES NO X
3. NAME OF First DECEASED	Middle	Last 4. DATE Month	Day Year
(Type or print) DONALD	The state of the s	IGERT, SR. DEATH SEPTEMBER	14, 1967
	MICD 23 NEVER MARKED	B. DATE OF BIRTH 9. AGE (in years   FUNDE last birthday) Months	Days Hours Min.
		FEBRUARY 28,1937 30 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY		CITIZEN OF WHAT COUNTRY?
FIRE TRUCK DRIVER	CITY OF HAGERSTOV	7	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
CHARLES E. SWEIGERT		MARY R. ASHBAUGH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((fixes give war or dates of service) LS KOREAN		-	RVIN AVE.
YES KOREAN	218-30 8571 MRS	S. LINDA M. SWEIGERT, HAGERSTO	WN, MARYLAND.
18. CAUSE OF DEATH [Enter only one cause			INTERVAL BETWEEN ONSET_AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rans-section c	of cervical spine	sudden
DUE TO			
Conditions, if any, which (b).	fractured neck		sudden
gava risa to immediate ( cause (a), stating the DUE TO			
undarlying causa last, (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELA	YED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED?
[N]		•	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON  2DB. EXTERNAL CAUSE WAS PRIMARY X POR CONTRIBUTING CAUSE OF DEATH.  2DC. TIME OF INJURY Month, Day, Year   2	Db. DESCRIBE HOW INJURY OCCU Victim fell of	JRRED. (Enter nature of Injury in Part I or Part II of Item 1	8.)
CAUSE OF DEATH.			
3 2Dc. TIME OF INJURY Month, Day, Year	facto	ry, street, office bldg., etc.)	ounty) (State)
8:00 p.m. 9/14 1967		arm Washi	ngton Md.
21, I certify that I took charge of the	e remains described above, hel	ld an Autopsy 🔀 , 🛮 Inspection 🔲 , 🔻 Inquiry 🔲	, and in my opinion
death resulted from: Natural cause:	s 🔲, Accident 🔀, Sui	icide 🔲, Homicide 🔲, Undetermined manne	0/16/60
1/1	12101	CHIEF MEDICAL EXAMINER	9/16/67
SIGNATURE HOWARD	of a. Weeker	M.D. ASSISTANT MEDICAL EXAMINER [	22. DATE SIGNED
EXAMINER'S HOUTARD N. T.	TREVE M D		RTHERN AVE.
NAME (Type) HOWARD N. W			STOWN MD. (State)
238. BURIAL CREMATION, 23b. DATE THEREO REMOVAL (Specify) 9/17/67			
BURIAL 9/17/67 24. FUNERAL DIRECTOR	REST HAVEN C	CEMETERY HAGERSTOWN WASH	CO MARYLAND
		A	rley Judge
CHARLES M. ROUZER.	AGERSTOWN MARYL	AND DATE	0



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR-STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on) . COUNTY Yalland b. COUNTY Washington MARYLAND is necessa b. CiTY OR TOWN (if autside corporete limits, lirector. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) retained for your RURAL Williamsport 6 months Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS Horercod Church Home Virginia Ave. Stat 3. NAME OF Middle DATE DECEASED EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rela VIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the S scionated agent, price to burial, cremption, or removal, and in any event within 72 hours. MAIT PRESCRETA TA YT OR Sept. (Type or print) DEATH 6. COLOR OR RACE TO MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | clast birthday) Sept. 17,1880 Female WIDOWED [7] 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Williamsport. Md. Housewife Housekeeper 13. JATHER'S NAME 14. MOTHER'S MAIDEN NAME George P. Growe Jennie Wolfe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2008 Addin Lford Ave. (Yes, no, or unkown) [ [Ifyesgive weror deles of service] Mrs. Evelyn C. Wolford Hagerstown, Id. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] or removal PART I, DEATH WAS CAUSED BY: Cerebral atherosclerosis IMMEDIATE CAUSE (a) XXXIII XX Gen'l arteriosclerosis Conditions, if any, which (b) ease execute the certificate, writing the word "bending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b gave rise to immediate cause Terminal pneumonia (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION burial, Fractured left hip 20a. EXTERNAL CAUSE WAS 20b. ASSCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Pert | of Item 18.)
Tell getting up from chair PRIMARY OF CONTRIBUTING X prior CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) factory, street, office bldg., etc.) Not While Homewood Nursing agent, Wmspt. Home et work Inspection 7. Inquiry XX Accident death resulted from: Suicide Homicide . Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY Weeks. 5 EXAMINER'S NAME (Type) Address (Street, city, town, or county) Please 4 Should FUN FUN Health 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOYAL (Specify) Sept.7. Greenlawn Cemetery Williamsport. Md. uria 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR J 24b. REGISTRAR'S SIGNATURE Williamsport, I'd.

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO [

1967

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

wks.

PERFORMED?

NO

(State)

Md.

and in my opinion

DATE SIGNED

vears

Wash.

Day

VR AISME

Albert L. Jeaf



death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pusse comove carbon papers. Fages 1, and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital or attending physician.

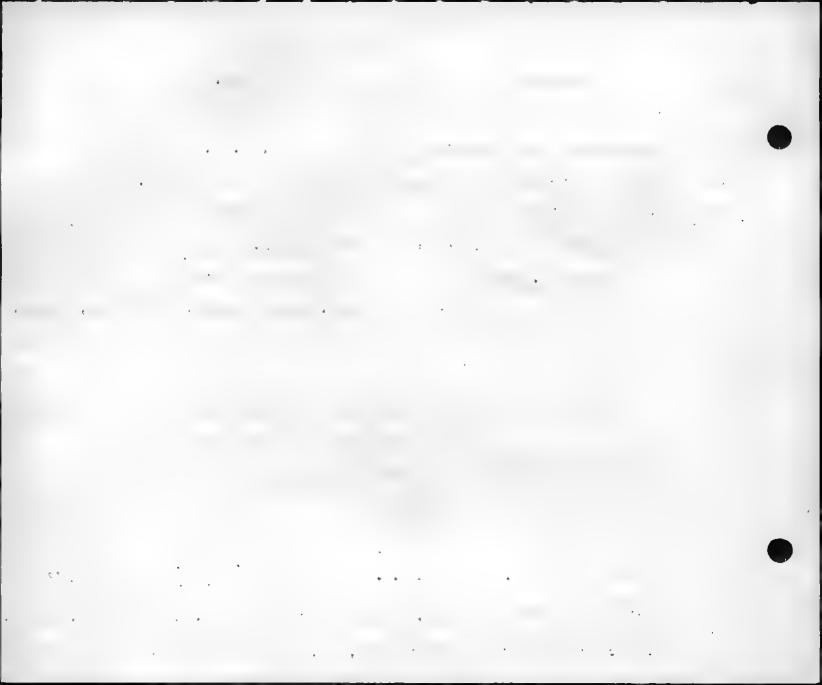
MARYLAND STATE DEPARTMENT OF HEALTH DWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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u	_	11				ч.	_	LUI I	1215		

13088

1. PLACE OF DEATH	[ 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Washington MARYLAND	a. STATE Penna. b. COUNTY
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hager stown 4 days	McCennellsburg
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE on a Farm?
Washington County Hospital	204 L. W. E. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Frederick Shaner Tec	eple DEATH Sept. 26 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
male white WIDOWED DIVORCED	Nov 20, 1900 66 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
repairman typewriter sale	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George O. Teeple	Margaret Shaner
George O. Teeple  15. WAS DECEASED EVER IN U.S. AR MED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
no 190-09-3443 M	rs. Helen Bishop, Pittsburg, Penna.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1 due 1/8 Very Gricular Fibrillation 11/2 home
11 * 6 1	+ due 18 Ventricular Fibrillition 11/2 hours
Conditions if any subject 3	rant Disease A'ryp-
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
EA	PERFORMED?
20a, ACCIDENT WAS UNDERLYING TO 1 20b, DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	mace. Luiter nature or injury in Fact For Fact II Of Item 10.)
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLA facto   While   Not While   at work   at work	ry, street, office bldg., etc.)
	9-11, 1967, to 9-26, 1967, that (1) (we) last
saw the deceased alive on 9->61967, and that	t death occurred at 30A.M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Wohn It Itam arker M.E	
22c. PHYSICIAN'S John H. Hornbaker, M.D.	22d. ADDRESS 154 West Washington St.,
	Hagerstown, Md. 21740
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
	n Cemetery Mt. Lebanon Twp. Penna.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Minnich Funeral Home Hagenstown	Na SEP 29 1967 Williamles Junges

VR AI5 (4) 20M 1/65



10083

## CERTIFICATE OF DEATH

13687

		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)									
	8	washingt	on			MARYLAN	ID	o. SIATE Maryland		D	COUNTY Washir	gton	
	ŀ	b. CITY OR TOWN (	f autside carparate limits,	c. LENGTH C	OF STAY IN 16	b .	c. CITY OR TOWN (If au		arate limits, wr			tawn)	
		Hagersto	3 Wk.	2 Dy		Rural Bo	onsb	oro			21-1		
	d	NAME OF HOSPITA	AL OR INSTITUTION (If not in	hospital, g	ve street add	ress)		d. STREET ADDRESS				6	IS RESIDENCE ON A FARM?
1			on County Ho	spita	1			Rfd. 1			<u></u> .	Y	TES NO
		NAME OF DECEASED	First			ddle		Last	4. DAT		Month	Doy	1-
1	- (	(Type or print)	Ruth		Ellen		To		DEA		tember		19 67
ï	5 5					MARRIED		DATE OF BIRTH		9. AGE (In ye			IF UNDER 24 HRS. Hours Min
/		Female		WIDOWED		DIVORCED	]		396	71	Yrs O	17	
	10a. duri	. USUAL OCCUPATION ing mast af working.	(Give kind of work done life, even if retired)		ND OF BUSINE Dustry	SS OR		11. BIRTHPLACE (County	& Stote, a	r fareign country	11	2 CITIZEN OF COUNTRY?	WHAT
		Housewii	e		Home			Warrenton		rginia		U. S.	A
	13.	FATHER'S NAME						14. MOTHER'S MAIDEN I	NAME				
		David S.						Mary E. B	rand	t			
	IS. IYe	WAS DECEASED EVE sno. or unknown)	R IN U.S. ARMED FORCES? Elf ves give wor or dotes af se	rvice) 16. S	OCIAL SECURI			NFORMANT			Address		
		No.	(If yes give war ar dates af se	21	4-09-9	8000	Mr	. Hubert W.	Tom	as, Rfd	• 1 Bc	onsbor	ro, Md.
			ATH (Enter only one cause p	per line for (	(a), (b), and (	(c).) <sub>P</sub>	1	- 11					RVAL BETWEEN
		PART I. DEAT	TH WAS CAUSED BY.  IMMEDIATE CAUSE (a).	De	21 Ca	2 dra	<u>L</u>	Musio	4		3		of days
	ı	DUE TO 3											
		Canditions, if ony,	e couse (n)	na	・ナトクト	me	/ 1	t democraci	w 0-	ma			3 years
		stating the under		DI				1 3	•	1		1	7-lalana
		lost. (1) ti alino anomora y Drust gars										- Jana	
	8	PART IF OTHER SH	GNIFICANT CONDITIONS CONT	RIBUTING TO	O DEATH BUT	NOT RELATED	D TO TI	HE TERMINAL DISEASE CON	NDITION G	IVEN IN PART 1	(a)		WASABTOPSY PERFORMED?
)	Ī											YE	S NO
	CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING	UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW I	NJURY OCCUP	RRED. (	Enter nature at injury in	Part I or	Part II of Item 1	B.)		
	ਤ	1	MEDICAL EXAMINER)	1 -2 1 111								40	40
	S G	20c. TIME OF INJU Have a.n	JRY Manth, Day, Year n.	20d IN While	JURY OCCURR Not Wh			E OF INJURY (Hame, farm iry, street, affice bldg., etc.)		f (City or to	vn)	(County)	(Stote)
	٤	р.г		at wark	☐ at war	k_ 🗀				/			
			y that (I) ( <del>Ihis hospita</del>	al) attend	ed the ded	eased fra	***	3 - (3 ,1	195/			19.67 the	ot (I) ( <del>we)</del> los
			eceased alive on 7	17	196	, and	that	deoth occurred at		_M, from ca			stoted obove
	ı	22a SIGNATURE	Tal In	M. (	riel	ton	M.D		MED DIRECTOR	STAFF PHYS	□ <sup>2</sup> / <sub>2</sub>	b DATE SIGNE	117
		22c. PHYSICIAN'S	0 - 00 N N				171.10	22d ADDRESS	DIRECTOR	- 1/115		1.03	<del>  " /</del>
		NAME (Type)	Dalton M.	Welty	, M.D.			998 Poton	nac A	venue,	Hager	stown,	Md.
	23a	BURIAL, CREMATIC	IN, 23b. DATE THEREC	)F	23c NAME	OF CEMETER	Y OR (	REMATORY	23d	LOCATION (City	or Yawn)	(County)	(State)
		REMOVAL Specify Burial	9- 16-	67	Rest	Have	n C	emeterv		Hagerst	own - h	Viril _	
	24.	. FUNERAL DIRECTO			ADDI				D BY REG		S REGISTRA	RS SIGNATUR	
1	Jo	ohn H. Ba	st, Jr. 112	N. Ma	in St.	Boon	sbo	ro, Md DATE SE	1 T	וסטו ס	fine	Lan.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove extend papers. Pagest should be filed with the State Dept. of Health prior to buriol, cremation, or removel, and in any event that the State Dept. of Health prior to buriol, cremation, or removal, and in any event that the state Dept. of Health prior to buriol, cremation, or removal, and in any event that the state Dept. VR A15 (4) 25M 1/67



ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~		()			CEKTIFIC	LAIL	OF DEATH		0.3889
by the funeral Pages 1 and 2 ours after death		PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased lived, if institution	Residence before admission)
by the funeral Pages I and nours after death	) '	o. COUNTY W.A	shington		MARYLA	IND I	o STATE Maryla	nd Washir	art on
e e e		CITY OR TOWN (	autside carparate limits	i, T	c LENGTH OF STAY IN		c CITY OR TOWN (If	auts de carporate limits, write RURA.	and give nearest town)
Pag urs		write RURAL and	give negrest town)		10 day	7.0	Hagers		,
n b Pol			OR INSTITUTION (If no	et in hasnital aiv		0	d STREET ADDRESS	COMIL	e IS RESIDENCE
per per 72								. Prospect St.	ON A FARM?
pape pape thin 73	2	NAME OF	shington		Widdle			4. DATE Month	
₹ <u>₽</u>		DECEASED	JAI		A		WATERS	DE .	0 ay Year 28 1967
Impletely filled in by the carbon papers. Page exent, within 72 hours	5	Type or print)	6. COLOR OR RACE	7 MARRIED [			DATE OF BIRTH	DEATH September 19 AGE (In years 1F	er 28 1967  UNDER 1 YEAR   1F JINDER 24 HRS
Esg	. د	male	White	_	NEVER MARRIED	님.	Oat aban		onths Doys Hours Min.
o pu dub dub	10			WIDOWED D					10 CIT 75N OF WINET
in a	duri	ng most of working i	(Give kind of work done ife, even if retired)	IOD. KINL	O OF BUSINESS OR		,	nty & State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
riciar eas and			nter	Gen. Ca	arpentery	7		rick Co. Md.	U.S.A.
hysi la c	13.	FATHERS NAME					14. MOTHER'S MAIDE		
nav pl			C. Waters					Haller	
din Te			R IN U.S. ARMED FORCES? (If yes give wor or dotes of	f service)	CIAL SECURITY NO.		IFORMANT	Address	
attending physician and co vernit. Then please remo an, ar remaval, and in any	(10	no	fit you give wor or doles o	578	-01-1241	Mar	y E. Sch	royer, Middlet	own Md.
signed by the attending physician and control transit permit. Then please remainal, crematian, ar remaval, and in any		18 CAUSE OF DE	ATH (Enter anly one cou			_	,	1-0	INTERVAL BETWEEN
/ the nsit paragraph		PART I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	(a) C	04008 1	1700	- Itmi	USEBSE	ONSELAND PEATH
tran tran		450	DUE	. ,	. /	1			
signed burial-t burial, c		Conditions, if any,		(b) A	TENIUSC	_/0	105 es	genil	Yrs.
		rise to immediate stating the under	cause (a), [					1	/
r to		last.		(c)				V	
has been se os the h priar to	_	PART II. OTHER SIG	INIFICANT CONDITIONS O	ONTRIBUTING TO	DEATH BUT NOT RELATI	ED TO TI	HE TERMINAL DISEASE (	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
e st	710k			1/50w				· ·	PERFORMED?
certificate hed for u	CERTIF-CATION	20g ACCIDENT WAS		7 37		IRRED. (	inter nature of injury	in Port I or Port II of item 18.)	
d d d d d d d d d d d d d d d d d d d	ERT	OR CONTRIBUTING	CAUSE OF DEATH	2001 0100					
ECTOR: After this certification of the state		(IF EITHER, NOTIFY)	RY Month, Day, Year	204 [8]	URY OCCURRED 2	no PLACI	OF INJURY (Hame, fo	orm.   20f. (City or town)	(County) (State)
t t t t t t t t t t t t t t t t t t t	MEDICAL	Haur o.m	L In		and a standard		ry, street, office bldg., e		(esouth) (see e)
ter tate		p.m		While at wark				10 4-	10 1 - 1 (1) ( ) 1
e de r			y that (I) (this hos	pitalj attende			death occurred	, 19, to	_, 19, that (I) (we) last if on the date stated above.
P de H		22a. SIGNATURE	ceased anys on	- 1					22b. DATE SIGNED
		220. SIGNATURE	1/1/1/	Posts	efor Dr. Con	hr go	ATTENDING	MED. STAFF	C/2 /
		22c PHYSICIAN'S	2011/11/11	July 1	0	m.L	PHYS. L	BIRECTOR L PHYS. L	7/50/0/
FUNERAL DIRECTOR: After this rector, page 3 should be detected with the State Department		NAME (Type)	H.N.W	FFKS			5801	instrum Hu that	28/0Wn, Md
N PR	72.	BURIAL (REMATIO	N. 23b. DATE THE	OKOK	23c NAME OF CEMETE	DV OD C	OCM ATORY	23d. LOCATION (City or Town)	(County) (State)
JEWERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use os the should be filed with the State Dept. of Health prior to	290	REMOVAL (Specify)						Middletown,	, ,, ,
1 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	24	FUNERAL DIRECTOR		0.1967	7.10n Li	the	aran 250 Pl	MITOGIAN MANAGER	ARIITAMOI2 2'GAR
VR A15 (4)	29	. TOHERAL DIRECTOR	Paul F	Cath	3 o Branco	4 3	JOCT	3 196/ 1000	las Judge
20 M 1/66 1			TOUT L	· DIG	le , Myers	ATT	Te . Mc DATE .	- //	() ()

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye tarban papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requims that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

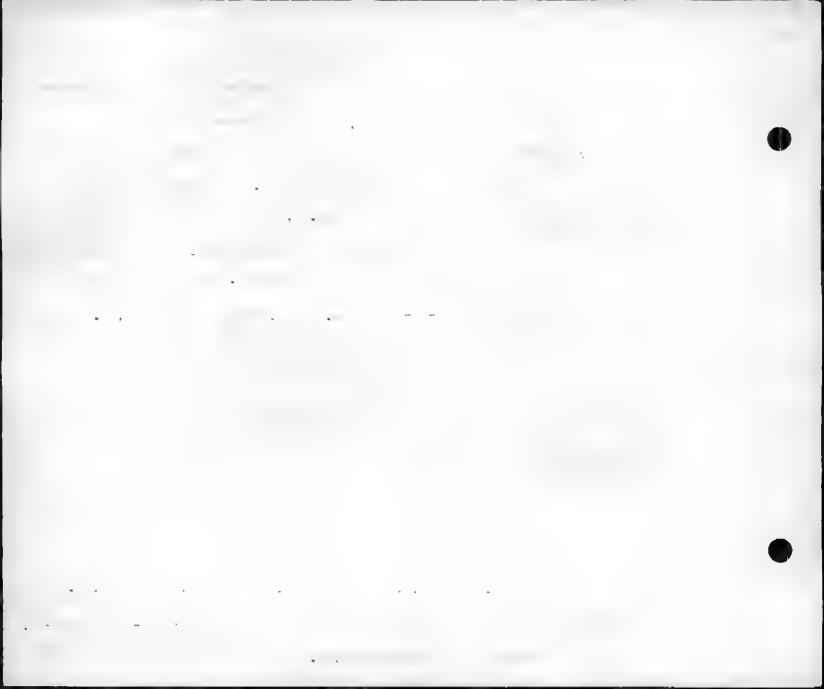
	1000	0		CERTIFIC	CATE	OF DEATH			33638
o. COU	OF DEATH INTY	111-1-2	<b>.</b>			O STATE	Vhere deceased lived, if in b.	COUNTY	
		Washingt		MARYLA		" Mary			hington
b CITY wri	' OR TOWN (It a te RURAL ond ai	utside carporate limit ve negrest (awn)		LENGTH OF STAY IN	1b	1	tside corporate limits, writ	e RURAL and give	e nearest tawn)
		runkstou	un	33 41	.s	Junk	stown		
d NAN	ME OF HOSPITAL	OR INSTITUTION (If no	ot in haspital, give	street oddress)		d STREET ADDRESS			e IS RES DENCE ON A FARM?
	Gre	ederick Ro	oad			Gred	erick Road		YES NO
3 NAME DECEA		Fr	rst	Middle		Last	4 DATE	Manth	Doy Year
	or pnnt)	Har	ery .	Allen	- {	Neaver Ir.	DEATH Septem	wets	27 19 67
S SEX		COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (In yea		
Mo	rle	White	WIDOWED [	DIVORCED		Jeb.20,1923	ost birthdo	iy} Months   /rs.	Doys Haurs Man
10a USUA	L OCCUPATION (G	ve kind of work done	10b KIND	OF BUSINESS OR			& State, or fareign country)	12 C	TIZEN OF WHAT
during ma	st of working life,	even if refired)	A	lied Van L	ine	Zullinge	Ponna	(0	UNIRY?
13. FATH	ER'S NAME		1110	COCO CON A	-1700	14. MOTHER'S MAIDEN I	IAME		OF A
		Harry Al	Len Wear	)er		Della	C.Robinson		
		U.S. ARMED FORCES? yes give wor or dotes of		IAL SECURITY NO.	17. 1	NFORMANT		Address	
(785, IIU, C	Vo	Aes Blas Moi oi gotes (		4-16-0507	Mrs	s Ruth E. Wei	wer Junks	town Md	4
18.		H (Enter anly one cau				1.11	11/1//		INTERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY: . IMMEDIATE CAUSE	(o)A	cuto my	rea	udial for	faretier		ONSET AND DEATH
i.	401 DUETO LA C								
	itians, if any, wh a immediate ci		(b)	Muos	cli	when He	ad Du	lare	Sacr
	a immediate ci		TO			2 1			
last.		· )	(c)						
PART	II OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELAT	ED 10 1	HE TERMINAL DISEASE COM	D T ON GIVEN IN PART 1	a)	19 WAS AUTOPSY PERFORMED?
E									YES NO K
20a	ACC DENT WAS UN		20b DESCR	TIBE HOW INJURY OCC	URRED	(Enter nature of injury in	Part I or Part II of Hern 18	1)	
SE OR CO	ONTRIBUTING 🗖 I THER, NOTIFY MED								
		Month, Doy, Year	20d INJU	RY OCCURRED 2	Oe PLAC	CE OF INJURY (Hame, farm	20f (City ar tow	n) ((o	unty) (State)
물	Haur 'a.m. p.m.	19	While of work	Not While	focto	ary, street, affice bldg., etc.)			
				the deceased fr	am.	hune de 1	9 al to see	77 10	that (1) (we) los
		ased alive an_	prior, unender						he date stated above
	SIGNATURE	A			4 11149		77, 714, 714, 714, 714, 714, 714, 714, 7	,	ATE SIGNED
		Edun	13 Mo	ordy	M.D	ATTENDING PHYS	MED STAFF PHYS.		
22c.	PHYSICIAN'S NAME (Type)	Sdian	B. Moody	100		22d. ADDRESS	spect St. Hay	constance.	Ma
200				M.D.					
	IAL, CREMATION, OVAL (Specify)	23b. DATE TH	7	23c NAME OF CEMETE		_	23d LOCATION (City		(Caunty) (State)
	LINE DE LA COLONIA DE LA COLON	9/29	16/	Rest Hav	en (		Hagersto	wn-Wash	ington-Md.
	ERAL DIRECTOR	Why . C	-400	YOBKE22			1007	REGISTRAR'S S	
Re	est Have	en Funeral	Chapel	Hagerst	Own	Md DATOC	T 2 1967	The state of the s	70

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRICTOR: After this certificate has been signed by the attending physican and campetely filled in by they director, page 3 should be detached for use as the burial-transit permit. Then please length capban papers. Pages—should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs alt



13087

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TREET

			CERTIFICA	IE OF DEATH		7 43 44 3L				
I. PLACE OF DEATI	Н				(Where deceased lived, if institut					
o. COUNTY	Washington		MARYLAND	a. STATE Mary	land b. COUI	Washington				
b. CITY OR TOWN	N (If outside comprote limit	ls,	C LENGTH OF STAY IN 16		outside corporate limits, write RUI					
	and give nearest town) Aagerstown		76 yrs.	Hage	erstown	21-1				
d. NAME OF HOS	PITAL OR INSTITUTION (IF n			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	Jackson Coi	walesc	ent Home	335	S. Mulberry St.	YES NO W				
3. NAME OF DECEASED	F	irst	Middle	Last	4. DATE Mont	h Doy Year				
(Type or print)	Ma	ty	Bertha	Werst	DEATH Septemb					
S. SEX	6. COLOR OR RACE	7, MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.				
Temale			DIVORCED [	Aug. 8, 1873	last birthdoy) 94 yrs.	Motins Duys Hours Mills.				
10g. USUAL OCCUPATI	ION (Give kind of work done ing life, eyen if retired)		ND OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, ar fareign country)	12. CITIZEN OF WHAT				
MON	sewife	"	Jun Home	Newville		CSA ?				
13. FATHER'S NAME				14. MOTHER'S MAIDEN						
	David /	defflet.	inger	1	onise Brady					
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES?  ii) (If yes give wor or dates	16	SOCIAL SECURITY NO.	7. INFORMANT	Addre	Md.				
No	ii) (ii yes give woi oi doles	214	4-09-8005D M	z.R.R. Werst 2	143 E. Potomac S	t Williamsport				
	DEATH (Enter only one co	use per-line for		0		INTERVAL BETWEEN				
1	EATH WAS CAUSED BY:  IMMEDIATE CAUSE	(0) _ 5	lating h	alulas Mi	relimonera	ONSET AND DEATH				
47	DUE TO and									
	(anditions, if any, which gave) (b) Antongo Setembric House Disease + 25-3000									
	Isse to immediate cause (a).  DUE TO									
last.	)	10 Sei	rend Otifile	1 as clerous	c Jeni/1+					
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?				
200. ACCIDENT V OR CONTRIBUTION OF CONTRIBUTION						YES NO A				
E 200. ACCIDENT V	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of item 18.)					
(IF EITHER, NOTI	FY MEDICAL EXAMINER)									
20c. TIME OF I	NJURY Month, Day, Year	20d. In While		PLACE OF INJURY (Home, fail factory, street, affice bldg., et.		(Caunty) (State)				
¥	p.m. 19	ot war								
21. 1 cer	21. 1 certify that (1) (this hespital) attended the deceased fram June 16, 1966, to Sept 24, 1967, that (1) (we) last									
	saw the deceased alive an 50/14 9 1962, and that death accurred at 11 3 M, fram causes and an the date stated above.									
22a. SIGNATUS	0.	0.	11	ATTENDING	MED. STAFF	22b. DATE SIGNED				
2 d	2 dward W D (NO M.D. PHYS. 22 DIRECTOR L) 9-23-6									
22c. PHYSICIAI NAME (Ty		Ditto	III. M.D.	22d. ADDRESS 217 W. Wa	bh. St., Hager	stown, Md.				
23a. BURIAL, CREMA		IEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or To	wn) (County) (State)				
REMOVAL (Spec	(ify) 9/27/	67	Rest Haver	r Cemeteru	Hagerstown-	Washington-Md.				
24. FUNERAL DIREC	TOR 4 De C	Hon	ADDRESS	2So. REC	D BY REGISTRAR256. RE	CISTOAR'S SIGNATURE				
Rest	Haven Juner	L Chan	el Hagerstown	A Md DATE S	EP 27 1991	The state of the s				
	The second secon	The state of the s	the same of the sa							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifi<u>cate</u> be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in ony event, within 72 hours after defath VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICAT	E OF DEATH	3092						
	PLACE OF DEATH D. COUNTY WASHINGTON HAGERSTOWN MARYLAND		LNKLIN V						
t	c. CITY OR TOWN (It outside corporate limits, write DIPAL and give representations)  4 Days	c. CITY OR TOWN (If autside carparate limits, write RURAL and give CHAMBERSBURG PENNA.	e nearest town)						
	3. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
	WASHINGTON CO. HOSPITAL	1399 Stanley Ave.	YES NO						
(	NAME OF DECEASED Type or print)  Clarence Robert W	list demuth of Death September 3rd. 1967							
	White WIDOWED DIVORCED	8. DATE OF BIRTH Nov. 14th. 1917  9. AGE (In years lost birthday) 49  Yrs.	Days Hours Min.						
Ti.	usual occupation (Give kind of work done no most of working life, even if retired)  Roody Hechanic Body Work	Cumberland Md. (0)	TIZEN OF WHAT  DUNTRY? U.S.A.						
13.	George Windemuth	14. MOTHER'S MAIDEN NAME Loretta Hadra							
	s no or unknown) If the give war or dates of service)	informant Addia 99 St	tanley Ave.						
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  DUE TO	cardial intarction	INTERVAL BETWEEN ONSET AND DEATH						
	Canditions, if any, which gove nise to immediate cause (a), stating the underlying cause last.  (b) Circulary DUE TO  (c)	Ather; sckrosis.	yours						
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTO- PERFORM YES:								
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)								
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, locary, street, affice bldg., etc.) p.m. 19 While at work at work								
	21. I certify that (1) (this hospital) attended the deceased fram 8-31, 1967, ta 9-3, 1967, that (1) (we) ke saw the deceased alive on 19-2, 19-67, and that death occurred at 14-M, from couses and on the date stated above.								
	220. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 9-3-67								
	22c. PHYSICIANS NAME (Type) Charles C. Spencer	1455 Prospect St. Hoger	ntown						
E		Charles Grane	(County) (State) TwpFrankl						
24.	ROBERT G. SELLERS CHAMBERSBURG PENNA.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI DATE SEP 6 1967	CNATURE PARAMETER						
	17201								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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